

Department of Housing and Urban Development



*Form HUD-50058 Family Report
DRAFT Technical Reference Guide*

June, 2014

Office of Public and Indian Housing
Office of Information Technology

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Chapter 1. Introduction

1.1 Purpose

The *Form HUD-50058 Family Report Technical Reference Guide* provides information needed to develop software to capture and edit Form HUD-50058 data and prepare it for submission to the US Department of Housing and Urban Development (HUD).

PIH Information Center (PIC) is a HUD system that captures and stores tenant information contained in the Form HUD-50058 and submitted to HUD. PIC also generates various reports from the data stored in its database.

The *Guide* contains all the data descriptions and data edit requirements necessary to design software that will follow the Form HUD-50058 (06/2001) to transmit data to PIC.

1.2 Intended Audience

HUD developed the *Form HUD-50058 Technical Reference Guide* for PHAs and software vendors who develop software to capture and store Form HUD-50058 data and to view transmission error reports. The PIC development team at HUD Headquarters also uses the *Guide* to develop the edit and validation process for PIC data.

1.3 Summary

The *Guide* contains the following information:

- Summary of the Form HUD-50058
- Transmission file layout description
- Descriptions of each field in the transmission file layout and edits
- Cross reference between the data lines in Form HUD-50058 and the data field positions in the transmission file

1.4 Questions

Users of this Guide should post their questions to the Form HUD-50058 Technical Reference Guide Forum on the PIC Website. The address for this forum is

<http://www.hud.gov/offices/pih/systems/pic/50058/forums.cfm>. HUD monitors and responds to questions posted to this forum on a regular basis. HUD will answer questions on this guide as responses to the forum questions. Additionally, HUD will post notice of changes to this guide in Quick Update! on the PIC Website. HUD will post the actual changes to the PIC Documentation web page in the same location as this original Guide. Users of the Guide should check the PIC Documentation web page periodically for updates. The address for the PIC Documentation page is <http://www.hud.gov/offices/pih/systems/pic/50058/pubs/>.

1.5 Form HUD-50058 Family Report

The Form HUD-50058 captures information about residents who live in Public housing and about residents who receive Section 8 rental subsidies. The form contains:

- Demographic information for all members of the household
- Citizenship information
- Income information
- Rent calculations

PHAs who administer PIH's rental subsidy programs collect this tenant data and send it to HUD electronically. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Determine the accuracy of subsidy payments
- Detect fraud
- Monitor the efforts of project administrators, including Public Housing Agencies
- Provide demographic information on program participants to support HUD management, HUD Field Office, and Public Housing Agency (PHA) program objectives
- Monitor compliance with income reporting requirements and related eligibility factors
- Produce demographic information that describes the present occupancy of resident communities to Congress, sister Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and other agencies
- Monitor the accuracy of subsidy payments

Use the Form HUD-50058, the Form HUD-50058 Instruction Booklet along with this *Guide* to understand the flow of the information and to develop or modify software.

1.6 Transmission File Layout Description

Form HUD-50058 transmission file is an ASCII flat file that contains information of one or more families. HUD receives the file submitted by PHAs and vendors through PIC Form 50058 Submission Module. This module extracts information from the file, and performs edits and validations before the information is stored into the database.

1.6.1 Transmission File Granularity

A transmission file contains information of one or more *families*; each family contains multiple *records*; and each record contains multiple *data fields*.

1.6.1.1 Family

The first level of transmission file breakdown is at the family level shown in Figure 1.1.

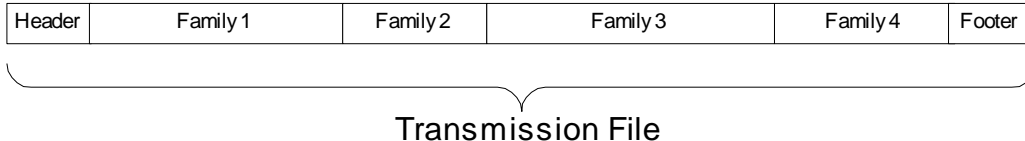


Figure 1.1 An Example of Family Layout in a Transmission File

A transmission file must have a Header record and a Footer record. In between the Header and the Footer are families. Families may take spaces of different sizes in the file because some families may have more information than others.

1.6.1.2 Record

The next level of transmission file breakdown is the record. For each family, there are many records each of which contains specific information of the family. Figure 1.2 shows an example of all the records in a family. At the end of each record, there is a new line character.

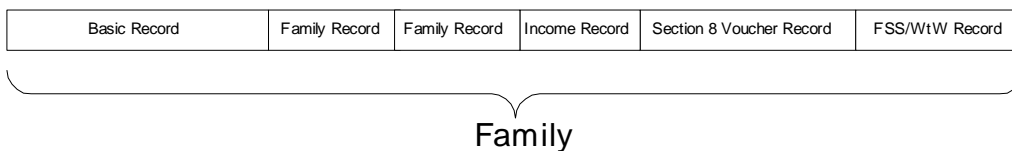


Figure 1.2 An Example of Record layout in a Family

A record contains information from certain section(s) of Form HUD-50058. Table 1.1 lists all the possible records and their respective form sections.

| Record Name | Record Identifier | Relevant 50058 Section(s) | Record Type |
|---|--------------------------|------------------------------------|--------------------|
| Transmission Header | MHR58 | None | Mandatory |
| Basic Record | B | Sections 1, 2, 3, 4, 5, 6, 7, 8, 9 | Mandatory |
| Family Record | T | Section 3 | Mandatory |
| Income Record | I | Section 7 | Optional |
| Public Housing Record | P | Section 10 | Selective |
| Section 8 Certificate, Project Based Voucher Record | C | Section 11 | Selective |
| Section 8 Voucher Record | V | Section 12 | Selective |
| Mod Rehab Record | R | Section 13 | Selective |
| Homeownership Record | H | Section 15 | Selective |
| FSS/WtW Record | F | Section 17 | Selective |
| Transmission Footer | MND58 | None | Mandatory |

Table 1.1 All Possible Records in a Family

Depending on the PIH program and action type of the submission, a family may have different record compositions. Section 1.6.2 describes the general rules about which records constitute a family in different circumstances.

1.6.1.3 Data Fields

Data fields are the atomic units in a transmission file. In most cases, each data field corresponds to one line item on the paper Form HUD-50058. The Edits and Validation section gives a detailed description of all the data fields in all the records, their sizes and positions in the respective records, their cross references between line numbers on the paper Form HUD-50058, along with their edits. Figure 1.3 shows the data field layout in the Basic Record.



Figure 1.3 Data Field Layout in Basic Record

As illustrated in the Edits and Validation section, every record starts with a record identifier field and a record number data field. In the Basic Record, the third data field is Date Modified with no line number in the Form HUD-50058. All other fields are sequentially laid out in the record and identified by corresponding field line numbers in the Form HUD-50058.

1.6.2 General Rules on Transmitting Records

As indicated in Table 1.1, there are three types of records: mandatory records, selective records and optional.

- **Mandatory records** identify the family and must be transmitted.
- **Selective records** for each family are determined by:
 - ⇒ Program Code (line 1c in the HUD-50058)
 - ⇒ Action Type (line 2a in the HUD-50058)

For example, if 1c is valued 'P' (for Public Housing) and 2a is valued 1 (for New Admission), a Public Housing Record (Record Identifier 'P'), and for each family member, a Family Record (Record Identifier 'T') must be included in the transmission file.
- **Optional records** include only income records. They are needed only if the information in the records exist. If the family does not have income of any type, there is no need to include an Income Record in the transmission file.

When a PHA or a vendor transmits an entire Form HUD-50058, a data transmission must contain these records for a family:

- Transmission Header Record (mandatory, Record identifier equals 'MHR58')
- 50058 Basic Record (mandatory, Record Identifier equals 'B')
- 50058 Family Record (mandatory, Record Identifier equals 'T') for each member of the family
- If the family has any income, a 50058 Income Record (optional, Record Identifier equals 'I'), for each member of the family and the source of income.
- One of the selective program records:
 - 50058 Public Housing Record (Record Identifier equals 'P')
 - 50058 Certificate Record (Record Identifier equals 'C')
 - 50058 Voucher Record (Record Identifier equals 'V')
 - 50058 Mod Rehab Record (Record Identifier equals 'R')
 - 50058 Homeownership Record (Record Identifier equals 'H')

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- If any family member participates in the FSS program or if the family receives a Welfare to Work (WtW) Voucher, 50058 FSS/WtW Addendum Record (selective, Record Identifier equals 'F'). The FSS/WtW Addendum Record can come with or without any selective program record.
 - Transmission Footer Record (mandatory, Record identifier equals 'MND58')

1.6.3 Special Instructions for Some Action Types

The Transmission File Layout section gives a complete list of data fields and their edits for all the records in the transmission file. Although the Basic and Family Records are mandatory for all families, for some action types (2a values), HUD requires submission of fewer fields to identify the family and requires PHAs or vendors to submit data values only for certain fields.

Table 1.2 below lists these special action types, the corresponding required and optional data fields (referred by their line numbers).

| Action Code | Action Type | Basic Record | | Family Record | Program Type Record | Other Records |
|-------------|--------------------------------|---|--------------------|---|----------------------------|------------------------|
| | | Required | Optional | Required | Required | Required |
| 2a = 5 | Portability Move-out | 1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1' | | 3a through 3n for 3h='H' only | None | None |
| 2a = 6 | End of Participation | 1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 2c, [2d], 3n for 3a='1' | | 3a through 3n for 3h='H' only | None | None |
| 2a = 8 | FSS/ WtW Only | 1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 2c, [2d], 2k, 3n for 3a='1' | | 3a through 3n for 3h='H' only | None | FSS/ WtW Record |
| 2a = 9 | Annual Reexamination Searching | 1b, 1c, 2a, 2b, 2c, [2d], 2i, 3n for 3a='1', 3t, 3u, 3v, 6f, 6g, 6h, 6i, 6j, 7i, 8f thru 8y, 9a through 9k | 2k, 2m, 2n, 3w, 4a | 3a through 3n for 3h='H' only | None | Add all Income Records |
| 2a = 10 | Issuance of Voucher | 1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1', 3t, 4b, 4c, 7i | 2k, 2m, 2n | 3a through 3n for 3h='H' and ('S' or 'K') | 12a only in Voucher Record | None |
| 2a = 11 | Expiration of Voucher | 1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1' | | 3a through 3n for 3h='H' only | None | None |
| 2a = 12 | Flat Rent Annual Update | 1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 2c, [2d], 2i, 2j, 3n for 3a='1', 3t, 3u, 3v, 5a, 5b, [5c], 5d, 5e, 5f, [5g] | 2k, 2m, 2n, 3w, 4a | 3a through 3n for 3h='H' only | None | None |

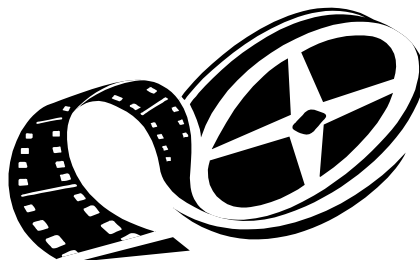
| Action Code | Action Type | Basic Record | | Family Record | Program Type Record | Other Records |
|-------------|----------------------------|---|----------|-------------------------------|---------------------|---------------|
| | | Required | Optional | Required | Required | Required |
| 2a = 13 | Annual HQS Inspection Only | 1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1', 5a, 5i | | 3a through 3n for 3h='H' only | Yes | None |
| 2a = 15 | Void | 1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3n for 3a='1' | | 3a through 3n for 3h='H' only | None | None |

Notes: The fields in *italics* identify those for Public Housing only. The fields enclosed by [] identify those required depending on the values of preceding fields.

For data fields not listed in Table 1.2 with corresponding action types, PIC will ignore any value provided to them and will use the value from a previous record where the field's value is not zero or blank (except for action type 15). For action type 15 (Void), the most recent historical record for the tenant becomes the current record for that tenant. For action types 8 and 13, field (2a) "Type of Action" is not updated and instead uses the value from the field "Type of Action" of the most recently submitted 50058 for that tenant. Additionally, for action type 13, field 5h is no longer updated.

1.6.4 Graphical Representation

To summarize the transmission file layout in a graphical representation of a transmission file from a PHA, envision a strip of film.



Consider each frame in the film as a family and the entire film reel as the transmission file submitted from the PHA to HUD. The film reel might appear as follows:

FRAME 1:

- Transmission Header

FRAME 2: (Family 1)

- 50058 Basic Record

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- 50058 Family Record
- 50058 Income Record
- 50058 Public Housing Record
- 50058 FSS/WtW Addendum Record

FRAME 3: (Family 2)

- 50058 Basic Record
- 50058 Family Record
- 50058 Voucher Record
- 50058 FSS/WtW Addendum Record

FRAME 4: (Family 3)

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Income Record
- 50058 Certificate Record

FRAME 5: (Family 4)

- 50058 Basic Record
- 50058 Family Record
- 50058 FSS/WtW Addendum Record

FRAME 6:

- Transmission Footer

1.7 Data Format Standards

The data format standards apply to the appropriate items in the transmission file layout and detailed layout information, unless otherwise specified in the Transmission File Layout section. These standards are:

- Transmitted data values shorter than the allocated data field length in the transmission file layout must be:
 - Left justified for alphanumeric fields, space fill as needed
 - Right justified for numeric fields, zero fill as needed
- Format all dates as MMDDYYYY, blank fill if no date is transmitted
- PIC does not accept nulls in lieu of spaces or zeros
 - Alphanumeric edits accept:
 - 0 (zero) through 9
 - a through z
 - A through Z
 - Special characters: * + - / , . : ; () = & % # \$ " ' < > @ _ \ ! ^ | { } [] ~

1.8 Information on transition to New Project or New Development Numbers

This section of the technical reference guide provides information regarding transition to new project or new development numbers.

With the June 22, 2007 release, the existing project numbers in the PICTEST environment will be replaced by new project numbers. This transition in PICTEST is intended to provide system users a first hand look of the new project numbers and also provide an opportunity for the Form 50058 Software Vendors to make changes to their software and test those changes so that the HAs are ready to submit the Form 50058s with the new project numbers once the transition to new project numbers takes place in PIC Production.

The transition to new project or new development numbers in PIC Production is currently planned for January 2008.

Format of the new project or new development numbers

The format of the new project or new development numbers is derived from the Asset Management Project (AMP) numbers. The AMP numbers are 12 characters in length having the character "P" as the 12th character.

The full AMP number format is:

[5-Character HA Code] + [6-digit AMP number] + "P"

For e.g. NY001000022P

The new project or new development number will be the AMP number WITHOUT the character "P". In the above example, the new project or new development number will be "NY001000022". Consequently, the new project or new development number is 11 characters in length.

In Form 50058, the combination of following fields should be used to submit the new development or new project numbers.

- 1d(1) – Project Number (8 characters), and
- 1d(2) – Project Number Suffix (3 characters)

In other words, positions 23 – 33 in the 50058 Basic record should contain the 11 character new project or new development number. Please refer to fields 1d(1) and 1d(2) (Pages 20 and 21) for more details.

Chapter 2. File Layout for Data Transmission to PIC

This chapter outlines the file layout for data transmission. It provides the record identifier, record number, and other information pertaining to the file layout.

Most of the error messages have been changed to FATAL in order to enhance the integrity of the data.

Processing Order: PIC processes records within the transmission file in the order in which the files are received. PHA's must insure that they have created the transmission file in a logical sequence so that PIC can process that file without error. For example, if a transmission file contains a 50058 record with action type equal to 15 (Void) as well as an updated 50058 record for the same household, then the Void must precede the updated 50058 in the transmission file.

Transmission Header

| | |
|--------------|--------------------------|
| NAME: | Record Identifier |
|--------------|--------------------------|

| | |
|--------------|---|
| DESCRIPTION: | A number to identify the file as PIC data |
|--------------|---|

| | |
|-------|--------------|
| TYPE: | Alphanumeric |
|-------|--------------|

| | |
|-------|---|
| SIZE: | 5 |
|-------|---|

| | |
|-----------|-----------------|
| COMMENTS: | Set to 'MHR58'. |
|-----------|-----------------|

| | |
|--------|--|
| EDITS: | |
|--------|--|

| | |
|--------|----------------------|
| Fatal: | • Must equal 'MHR58' |
|--------|----------------------|

| | |
|---------------|---|
| FIELD NUMBER: | 1 |
|---------------|---|

| | |
|-----------|-----|
| POSITION: | 1-5 |
|-----------|-----|

| | |
|--------------------|-----|
| LINE REFERENCE NO: | n/a |
|--------------------|-----|

| | |
|--------------|----------------------|
| NAME: | Record Number |
|--------------|----------------------|

| | |
|--------------|---|
| DESCRIPTION: | A number to identify the record in the file |
|--------------|---|

| | |
|-------|---------|
| TYPE: | Numeric |
|-------|---------|

| | |
|-------|---|
| SIZE: | 6 |
|-------|---|

| | |
|-----------|---|
| COMMENTS: | Set to '000001'. This is a sequential number incremented by 1 for each record in the transmission. The record number for this record will always be '000001' because it will always be the first record in each transmission. |
|-----------|---|

| | |
|--------|--|
| EDITS: | |
|--------|--|

| | |
|--------|-----------------------|
| Fatal: | • Must equal '000001' |
|--------|-----------------------|

| | |
|--------------|---|
| FIELD NUMBER | 2 |
|--------------|---|

| | |
|-----------|------|
| POSITION: | 6-11 |
|-----------|------|

| | |
|--------------------|-----|
| LINE REFERENCE NO: | n/a |
|--------------------|-----|

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NAME: **Owner/PHA Mailbox ID**

DESCRIPTION: ID number issued by HUD that uniquely identifies a Public Housing Authority

TYPE: Alphanumeric (left justified)

SIZE: 10

COMMENTS: None

EDITS:

Fatal: • Must be a valid PHA code or vendor ID

FIELD NUMBER: 3

POSITION: 12-21

LINE REFERENCE NO: n/a

NAME: **Service/Return Mailbox ID**

DESCRIPTION: An ID number issued by HUD to identify organization sending Form HUD-50058 data

TYPE: Alphanumeric (left justified)

SIZE: 10

COMMENTS: If a PHA is sending its own data, the Service/Return ID will be the same as the PHA ID. Used to identify where to return error files and acknowledgments from PIC.

EDITS:

Fatal: • Must be a valid ID issued by HUD

FIELD NUMBER: 4

POSITION: 22-31

LINE REFERENCE NO: n/a

| | |
|--------------------|---|
| NAME: | Transmission Date |
| DESCRIPTION: | The date the file was created |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Must be properly formatted; no dashes, slashes, or spaces should be used. |
| EDIT: | |
| | Fatal: <ul style="list-style-type: none">• Must be in 'MMDDYYYY' format |
| FIELD NUMBER: | 5 |
| POSITION: | 32-39 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|---|
| NAME: | Transmission Time |
| DESCRIPTION: | The time the file was created |
| TYPE: | Time |
| SIZE: | 6 |
| COMMENTS: | Must be properly formatted; no colons should be used. |
| EDITS: | |
| | Fatal: <ul style="list-style-type: none">• Must be in 'HHMMSS' format |
| FIELD NUMBER: | 6 |
| POSITION: | 40-45 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | Vendor Software ID |
| DESCRIPTION: | A number to identify the vendor of the software |
| TYPE: | Alphanumeric |
| SIZE: | 5 |
| COMMENTS: | Number each software vendor may use to identify its product. |
| EDITS: | None |
| FIELD NUMBER: | 7 |
| POSITION: | 46-50 |
| LINE REFERENCE NO: | n/a |

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| | |
|--------------------|--|
| NAME: | Vendor Software/Version Number |
| DESCRIPTION: | The identifier of the software release and version information |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | Used when providing customer support to identify which version of software users have used to record tenant characteristic data. |
| EDITS: | None |
| FIELD NUMBER: | 8 |
| POSITION: | 51-60 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | HUD-50058 Form Version Date |
| DESCRIPTION: | The date of the approved Form HUD-50058 |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Must be properly formatted; no dashes or spaces. |
| EDITS: | |
| | Fatal: • Must be in 'MMDDYYYY' format |
| FIELD NUMBER: | 9 |
| POSITION: | 61-68 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|------------------------------------|
| NAME: | Vendor Defined Data |
| DESCRIPTION: | For vendor use; will not be edited |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | None |
| EDITS: | None |
| FIELD NUMBER: | 10 |
| POSITION: | 69-78 |
| LINE REFERENCE NO: | n/a |

50058 Basic Record Format**NAME: Record Identifier**

DESCRIPTION: Indicates the beginning of a new record.

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'B' for the Record Identifier for the basic record.

EDITS:

Fatal: • Must equal 'B'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission. For example, the record number for the first basic record in the transmission will be '000002', which is one increment from the header record number.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: **Date Last Modified**

DESCRIPTION: System generated for family's information modification

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format; May be different from the effective date of action.

EDITS:

- Fatal: • Must be valued in 'MMDDYYYY' format
- Fatal: • Cannot be 120 days earlier or 2 days later than Transmission Date in the Header Record

FIELD NUMBER: 3

POSITION: 8-15

LINE REFERENCE NO: n/a

NAME: **PHA Code**

DESCRIPTION: Unique code assigned to the PHA by HUD

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use postal state codes (exception for Islands) and Number HUD uses to recognize the PHA in that state. For Section 8, this PHA number must have active units.

EDITS:

- Fatal: • Must be a valid 5 character PHA code that exists in PIC
- Fatal: • Must equal Owner/PHA Mailbox ID in the Header Record, or must equal a valid PHA code for which the PHA or vendor specified by Owner/PHA Mailbox in the Header Record is authorized by HUD to submit data
- Fatal: • Must equal a valid PHA code in PIC
- Fatal: • If 1c equals 'CE' or 'VO', must be the PHA code for a PHA that has active units

FIELD NUMBER: 4

POSITION: 16-20

LINE REFERENCE NO: 1b.

| | |
|--------------------|--|
| NAME: | Program |
| DESCRIPTION: | The type of housing program |
| TYPE: | Alpha (left justified) |
| SIZE: | 2 |
| COMMENTS: | May use either one letter or two letter codes, where applicable. Use codes P' for Public Housing, 'CE' for Section 8 Certificates, 'VO' for Section 8 Vouchers, Project Based Vouchers, or 'MR' for Sec. 8 Mod Rehab |
| EDITS: | |
| | Fatal: Must equal 'P', 'CE', 'VO', or 'MR' |
| FIELD NUMBER: | 5 |
| POSITION: | 21-22 |
| LINE REFERENCE NO: | 1c. |

| | |
|--------------------|---|
| NAME: | Project Number |
| DESCRIPTION: | Official number for the Public Housing Project |
| TYPE: | Alphanumeric |
| SIZE: | 8 |
| COMMENTS: | Applies to Public Housing Projects only. |
| EDITS: | |
| | Fatal: • If 1c equals 'P', must be valued |
| | Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix. This concatenation must form the new development or new project number. |
| | Fatal: • If 1c equals 'VO', 'CE', or 'MR', must be blank |
| FIELD NUMBER: | 6 |
| POSITION: | 23-30 |
| LINE REFERENCE NO: | 1d(1). |

NAME: Project Number Suffix

DESCRIPTION: Official number for the Public Housing Project

TYPE: Alphanumeric

SIZE: 3

COMMENTS: Applies to Public Housing Projects only.

EDITS:

Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix. This concatenation must form the new development or new project number.

Fatal: • If 1c equals 'VO', 'CE', or 'MR', must be blank

FIELD NUMBER: 7

POSITION: 31-33

LINE REFERENCE NO: 1d(2).

NAME: Building Number

DESCRIPTION: Official number for the Public Housing building

TYPE: Alphanumeric

SIZE: 6

COMMENTS: Applies to Public Housing projects only.

EDITS:

Fatal: • If 1c equals 'P', must be valued

Fatal: • If 1c equal 'VO', 'CE' or 'MR', must be blank

Fatal: • If valued, must be valid building number in PIC for the project

FIELD NUMBER: 8

POSITION: 34-39

LINE REFERENCE NO: 1e.

| | |
|--------------------|---|
| NAME: | Building Entrance Number |
| DESCRIPTION: | Number of each postal address of a single building that may have multiple entrances with different postal addresses. |
| TYPE: | Alphanumeric |
| SIZE: | 3 |
| COMMENTS: | Applies only when a building has multiple entrances with different postal addresses. Applies to Public Housing projects only. If there is a single building entrance, default to `1`. |
| EDITS: | |
| | Fatal: • If 1c equals 'P', must be valued |
| | Fatal: • If 1c equal 'VO', 'CE' or 'MR', must be blank |
| | Fatal: • If valued, must be valid building entrance number in PIC for the project |
| FIELD NUMBER: | 9 |
| POSITION: | 40-42 |
| LINE REFERENCE NO: | 1f. |

| | |
|--------------------|---|
| NAME: | Unit Number |
| DESCRIPTION: | Official number for the Public Housing unit |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | Applies to Public Housing projects only. |
| EDITS: | |
| | Fatal: • If 1c equals 'P', must be valued |
| | Fatal: • If 1c equals 'VO', 'CE' or 'MR', must be blank |
| | Fatal: • If valued, must be valid unit number for the project |
| FIELD NUMBER: | 10 |
| POSITION: | 43-52 |
| LINE REFERENCE NO: | 1g. |

| | |
|--------------------|---|
| NAME: | Type of Action |
| DESCRIPTION: | Indicates the reason for submitting a 50058 record for the family |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | <p>Use '1' for New Admission, '2' for Annual Reexamination, '3' for Interim Reexamination, '4' for Portability Move-in, '5' for Portability Move-out, '6' for End Participation, '7' for Other Change of Unit, '8' for FSS/WtW Addendum Only, '9' for Annual Reexamination Searching, '10' for Issuance of Voucher; '11' for Expiration of Voucher; '12' for Flat Rent Annual Update; '13' for Annual HQS Inspection Only, '14' for Historical Adjustment, '15' for Void.</p> <p>Action type 14 – Historical adjustment usage shall be discontinued in the future. This will be a Fatal error in the future.</p> |
| EDITS: | <p>Fatal: • Must equal '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13', '14' or '15'</p> <p>Fatal: • If 1c equals 'P', cannot equal '4', '5', '9', '10', '11' or '13'</p> <p>Fatal: • If 1c equals 'MR', cannot equal '4', '5', '8', '9', '10', '11' or '12'</p> <p>Fatal: • If 1c equals 'CE', cannot equal '4', '5', '9', '10', '11' or '12'</p> <p>Fatal: • If 1c equals 'VO' (Section 11 Vouchers ONLY), cannot equal '4', '5', '9', '10', '11' or '12'</p> <p>Fatal: • If 1c equals 'VO' (Section 12 Vouchers ONLY), cannot equal '12'</p> <p>Fatal: • If 1c equals 'VO' (Section 15 Vouchers ONLY), cannot equal '9', '10', '11', '12' or '13'</p> <p>Fatal: • If 2a equals '4', '5', '9', '10' or '11' 1c must equal 'VO' (Section 12 Vouchers ONLY)</p> |
| FIELD NUMBER: | 11 |
| POSITION: | 53-54 |
| LINE REFERENCE NO: | 2a. |

| | |
|--------------------|--|
| NAME: | Effective Date of Action |
| DESCRIPTION: | This is the effective date of the action occurring in line 2a |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Must be in MMDDYYYY format. |
| EDITS: | |
| | Fatal: • Must be in 'MMDDYYYY' format |
| | Fatal: • Cannot be earlier than the 2h (Date of Admission to Program), if provided |
| | Fatal: • Cannot be later than 4 months from the Update Date |
| | Warning: • Cannot be later than 60 days from the Date of the submission (current date) |
| | Warning: • Cannot be later than the current date (submission date) |
| FIELD NUMBER: | 12 |
| POSITION: | 55-62 |
| LINE REFERENCE NO: | 2b. |

| | |
|--------------------|---|
| NAME: | Correction |
| DESCRIPTION: | Indicate if this 50058 submission is for correction of the last submitted 50058 |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | None |
| EDITS: | |
| | Fatal: • Must equal 'Y' or 'N' |
| | Fatal: • If 2a equals '15', must equal 'N' |
| FIELD NUMBER: | 13 |
| POSITION: | 63 |
| LINE REFERENCE NO: | 2c. |

| | |
|--------------------|---|
| NAME: | Correction Code |
| DESCRIPTION: | Indicates primary reason for the correction occurring in line 2c |
| TYPE: | Numeric |
| SIZE: | 1 |
| COMMENTS: | Use '1' for family income correction, '2' for family correction (non-income), '3' for PHA income correction, '4' for PHA correction (non-income). If 2c equals 'N', put zero. |
| EDITS: | |
| | Fatal: • If 2c equals 'Y', must equal '1', '2', '3' or '4' |
| FIELD NUMBER: | 14 |
| POSITION: | 64 |
| LINE REFERENCE NO: | 2d. |

| | |
|--------------------|--|
| NAME: | Date of Admission to Program |
| DESCRIPTION: | Date the family was initially admitted to the program in line 1c |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. If 2a equals '5', '6', '8', '9', '10', '11', '12', '13' or '15', leave blank |
| EDITS: | |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7' or '14', must be valued |
| | Fatal: • If valued, must be in 'MMDDYYYY' format |
| | Fatal: • If 2a equals '1', must equal 2b (Effective date of action) |
| | Fatal: • If 2a equals '2', '3', '4', '7' or '14', must be earlier than 2b (Effective date of action) |
| FIELD NUMBER: | 18 |
| POSITION: | 78-85 |
| LINE REFERENCE NO: | 2h. |

| | |
|--------------------|--|
| NAME: | Projected Effective Date of Next Re-Exam |
| DESCRIPTION: | Projected effective date of next re-exam |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. |
| EDITS: | |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14', must be valued |
| | Fatal: • If valued, must be in 'MMDDYYYY' format |
| | Fatal: • If valued, must be later than 2b (Effective date of |
| | Fatal: action) |
| | • If valued, cannot be more than 13 months later than 2b |
| | Fatal: unless 10u equals 'F' or 2a equals 12 |
| | • If 10u equals 'F', can not be greater than 37 months |
| | Fatal: later than 2b |
| | • If 2a equals 12, can not be greater than 25 months later than 2b |
| FIELD NUMBER: | 19 |
| POSITION: | 86-93 |
| LINE REFERENCE NO: | 2i. |

| | |
|---------------------------|---|
| NAME: | Projected Date of Next Flat Rent Annual Update (Public Housing only) |
| DESCRIPTION: | The projected date of the next flat rent annual update (Public Housing only) |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. If 2a equals '4', '5', '6', '8', '9', '10', '11', '13' or '15' or 1c equals 'CE', 'VO', or MR', leave blank. |
| EDITS: | <p>Fatal: • If 2a equals '1', '2', '3' or '7', and 10u equals 'F', and 2i is greater than 13 months from the effective date, must be valued</p> <p>Fatal: • If 2a equals '12' and 2i is greater than 13 months from the effective date, must be valued</p> <p>Fatal: • If valued, must be in 'MMDDYYYY' format</p> <p>Fatal: • If valued, cannot be more than 13 months later than 2b</p> |
| FIELD NUMBER: | 20 |
| POSITION: | 94-101 |
| LINE REFERENCE NO: | 2j. |

| | |
|---------------------------|--|
| NAME: | FSS Participant now or in the last year Indicator |
| DESCRIPTION: | Indicates whether or not the family participated in the FSS program in the last 12 months |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes and 'N' for no. If 1c equals 'MR' or 2a equals '5', '6', '11', '13' or '15', leave blank. |
| EDITS: | <p>Fatal: • If valued, must be 'Y' or 'N'</p> <p>Fatal: • If valued 'Y', 1c must equal 'CE', 'P' or 'VO' and 2a must equal '1', '2', '3', '4', '7', '8', '9', '10', '12' or '14'</p> <p>Warning: • If 1c equals to 'MR', must be 'N'</p> |
| FIELD NUMBER: | 21 |
| POSITION: | 102 |
| LINE REFERENCE NO: | 2k. |

NAME: **Special Program**

DESCRIPTION: Indicates special program the family participates.

TYPE: Alpha

SIZE: 2

COMMENTS: Use 'EV' for Enhanced Voucher and 'WT' for Welfare to Work Voucher. If there is no special program, leave blank. If 1c equals 'P', 'CE', or 'MR' or 2a equals '5', '6', '8', '11', '13' or '15', leave blank.

EDITS:

Fatal: • If valued, must equal 'EV' or 'WT'

Fatal: • If valued, 1c must be 'VO' and 2a must equal '1', '2', '3', '4', '7', '9', '10' or '14'

FIELD NUMBER: 22

POSITION: 103-104

LINE REFERENCE NO: 2m.

NAME: **Other Special Program Indicator (1)**

DESCRIPTION: Indicates if the family participates in another special program

TYPE: Alpha

SIZE: 30

COMMENTS: If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.

EDITS:

Fatal: • If valued, must be equal to code in the instruction booklet

• If valued with MS5 and Action 1 – New Admission or 4 – Portability Move-in, 3j must equal Y for the Head, Co-head or Spouse (3h=H, S or K)

• If valued with NED or NHT and Action 1 – New Admission, Head, Co-head or Spouse (3h=H, S or K) must be non-elderly and 3j must equal Y

FIELD NUMBER: 23

POSITION: 105-134

LINE REFERENCE NO: 2n(1).

| | |
|--------------------|---|
| NAME: | Other Special Program Indicator (2) |
| DESCRIPTION: | Indicates if the family participates in another special program |
| TYPE: | Alpha |
| SIZE: | 30 |
| COMMENTS: | If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank. |
| EDITS: | <p>Fatal:</p> <ul style="list-style-type: none">• If valued, must be equal to code in the instruction booklet• If valued with MS5 and Action 1 – New Admission or 4 – Portability Move-in, 3j must equal Y for the Head, Co-head or Spouse (3h=H, S or K)• If valued with NED or NHT and Action 1 – New Admission, Head, Co-head or Spouse (3h=H, S or K) must be non-elderly and 3j must equal Y |
| FIELD NUMBER: | 24 |
| POSITION: | 135-164 |
| LINE REFERENCE NO: | 2n(2). |

| | |
|--------------------|---|
| NAME: | PHA Use Only (1) |
| DESCRIPTION: | Reserved for future use |
| TYPE: | Alphanumeric |
| SIZE: | 15 |
| COMMENTS: | PHA may retrieve this information from PIC. |
| EDITS: | None |
| FIELD NUMBER: | 29 |
| POSITION: | 260-274 |
| LINE REFERENCE NO: | 2q. |

| | |
|--------------|---|
| NAME: | PHA Use Only (2) |
| DESCRIPTION: | Reserved for future use |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | PHA may retrieve this information from PIC. |
| EDITS: | None |

FIELD NUMBER: 30
POSITION: 275-284
LINE REFERENCE NO: 2r.

NAME: PHA Use Only (3)

DESCRIPTION: Reserved for future use
TYPE: Alphanumeric
SIZE: 10
COMMENTS: PHA may retrieve this information from PIC.
EDITS: None
FIELD NUMBER: 31
POSITION: 285-294
LINE REFERENCE NO: 2s.

NAME: PHA Use Only (4)

DESCRIPTION: Reserved for future use
TYPE: Alphanumeric
SIZE: 20
COMMENTS: PHA may retrieve this information from PIC.
EDITS: None
FIELD NUMBER: 32
POSITION: 295-314
LINE REFERENCE NO: 2t.

NAME: PHA Use Only (5)

DESCRIPTION: Reserved for future use
TYPE: Alphanumeric
SIZE: 30
COMMENTS: PHA may retrieve this information from PIC.
EDITS: None
FIELD NUMBER: 33
POSITION: 315-344
LINE REFERENCE NO: 2u.

| | |
|--------------------|---|
| NAME: | SSN of Head of Household |
| DESCRIPTION: | Social Security Number of the Head of the household. Copy from 3n where 3h = 'H'. |
| TYPE: | Alphanumeric |
| SIZE: | 9 |
| COMMENTS: | If tenant is eligible for assistance but does not have an SSN, obtain alternate identifier from PIC. |
| EDITS: | |
| | Fatal: • Must be nine digits or a valid alternate identifier (AID) issued by HUD |
| | Fatal: • Cannot equal '999999999', '111111111', '222222222', '333333333', '444444444', '555555555', '666666666', '777777777', '888888888', '123456789', '987654321', '090909090', '009009009' |
| FIELD NUMBER: | 34 |
| POSITION: | 345-353 |
| LINE REFERENCE NO: | 3n. |

| | |
|--------------------|--|
| NAME: | Total Number in Household |
| DESCRIPTION: | The total number of members in the household |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Use whole numbers. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank |
| EDITS: | |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '10', '12' or '14', must be valued |
| | Fatal: • If valued, must be greater than zero and less than or equal to 99 |
| | Fatal: • If valued, must equal the total count of Family Records (number in the household) |
| FIELD NUMBER: | 36 |
| POSITION: | 359-360 |
| LINE REFERENCE NO: | 3t. |

| | | |
|---------------------------|---|---|
| NAME: | Family Subsidy Status Under Noncitizen Rule | |
| DESCRIPTION: | Codes to determine the subsidy status of a family based on the noncitizen rule | |
| TYPE: | Alpha | |
| SIZE: | 1 | |
| COMMENTS: | Use 'C' for Qualified for continuation of full assistance, 'E' for Eligible for full assistance, 'F' for Eligible for full assistance pending verification of status or 'P' for Prorated assistance. If 2a equals '5', '6', '8', '10', '11', '13' or '15', leave blank. | |
| EDITS: | Fatal: | <ul style="list-style-type: none"> If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14', must equal 'C', 'E', 'F', or 'P'. |
| | Fatal: | <ul style="list-style-type: none"> If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' or 'PV' for any Family Record (any family member is an ineligible noncitizen or pending verification)], cannot equal 'E' |
| | Fatal: | <ul style="list-style-type: none"> If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' for any Family Record (any family member is an ineligible noncitizen)], must equal 'C' or 'P' |
| | Fatal: | <ul style="list-style-type: none"> If valued 'P', 3h must equal 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i must equal 'EN', 'EC' or 'PV' for at least one Family Record (at least one family member must be eligible citizens, eligible noncitizens or pending verification) |
| | Fatal: | <ul style="list-style-type: none"> If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'EC', 'EN' or 'PV' for all the Family Records (all family members are eligible citizens, eligible noncitizens or pending verification)], cannot equal 'P' |
| FIELD NUMBER: | 37 | |
| POSITION: | 361 | |
| LINE REFERENCE NO: | 3u. | |

| | |
|--------------------|---|
| NAME: | Effective Date of Family Subsidy Status |
| DESCRIPTION: | Original date family qualified for continuation of assistance. |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '13' or '15' or 3u equals 'E', 'F', 'P', leave blank. |
| EDITS: | <p>Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14' and 3u equals 'C', must be valued</p> <p>Fatal: • If valued, must be in 'MMDDYYYY' format</p> |
| FIELD NUMBER: | 38 |
| POSITION: | 362-369 |
| LINE REFERENCE NO: | 3v. |

| | |
|--------------------|--|
| NAME: | Former HoH SSN |
| DESCRIPTION: | If new Head of Household, this is the SSN of the former Head of Household |
| TYPE: | Alphanumeric |
| SIZE: | 9 |
| COMMENTS: | When not applicable, send a blank |
| EDITS: | <p>Fatal: • If valued, must be nine digit numeric or a valid alternate identifier (AID) issued by HUD and must equal the SSN of the current head of household associated with that building unit</p> <p>Fatal: • If valued, cannot be the same SSN value as the Head of Household (3n where 3h equals H)</p> |
| FIELD NUMBER: | 39 |
| POSITION: | 370-378 |
| LINE REFERENCE NO: | 3w. |

| | |
|--------------------|---|
| NAME: | Date Entered Waiting List |
| DESCRIPTION: | The date the family was placed on the waiting list |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. If 2a equals '2', '3', '4', '5', '6', '7', '8', '10', '11', '13' or '15', leave blank |
| EDITS: | <ul style="list-style-type: none">Fatal: • If 2a equals '1' or '14', must be valuedFatal: • If valued, must be in 'MMDDYYYY' formatFatal: • If valued, must not be later than 2b (effective date of action)Warning: • If valued cannot be more than 25 years before effective date |
| FIELD NUMBER: | 40 |
| POSITION: | 379-386 |
| LINE REFERENCE NO: | 4a. |

| | |
|--------------------|---|
| NAME: | Zip Code Before Admission |
| DESCRIPTION: | Family's 5 digit zip code before being admitted to the program |
| TYPE: | Alphanumeric |
| SIZE: | 5 |
| COMMENTS: | If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank. |
| EDITS: | <ul style="list-style-type: none">Fatal: • If 2a equals '1', '10' or '14', must be five digit numeric |
| FIELD NUMBER: | 41 |
| POSITION: | 387-391 |
| LINE REFERENCE NO: | 4b. |

NAME: Zip Code +4 Before Admission

DESCRIPTION: Family's zip +4 before being admitted to the program

TYPE: Alphanumeric

SIZE: 4

COMMENTS: None

EDITS:

Fatal: • If valued, must be four digit numeric

FIELD NUMBER: 42

POSITION: 392-395

LINE REFERENCE NO: 4b.

NAME: Homeless at Admission Indicator

DESCRIPTION: Indicates whether or not the family was homeless at admission to the program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank.

EDITS:

Fatal: • If 2a equals '1', '10' or '14', must be valued 'Y' or 'N'

FIELD NUMBER: 43

POSITION: 396

LINE REFERENCE NO: 4c.

NAME: **Very Low Income Limit Indicator**

DESCRIPTION: Indicates whether or not the family qualified for program admission even though their income exceeded the very low income limit

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes or 'N' for no. If 1c equals 'P' or 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.

EDITS:

Fatal: • If 1c equals 'CE', 'VO' or 'MR' and 2a equals '1' or '14', must equal 'Y' or 'N'

FIELD NUMBER: 44

POSITION: 397

LINE REFERENCE NO: 4d.

NAME: **Continuously Assisted Indicator**

DESCRIPTION: Indicates if the family is continuously assisted

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.

EDITS:

Fatal: • If 2a equals '1' or '14', must be 'Y' or 'N'

FIELD NUMBER: 45

POSITION: 398

LINE REFERENCE NO: 4e.

| | |
|--------------------|--|
| NAME: | Is There a HUD Approved Income Target Waiver Disregard |
| DESCRIPTION: | Indicates if there is a HUD approved income target disregard. |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' or yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank. |
| EDITS: | Fatal: • If 2a equals '1' or '14', must be 'Y' or 'N' |
| FIELD NUMBER: | 46 |
| POSITION: | 399 |
| LINE REFERENCE NO: | 4f. |

| | |
|--------------------|--|
| NAME: | Unit Address (Number and Street) |
| DESCRIPTION: | Address of the unit |
| TYPE: | Alphanumeric |
| SIZE: | 100 |
| COMMENTS: | Unit number and street; Do not use Post Office Boxes. If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank |
| EDITS: | Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued |
| FIELD NUMBER: | 47 |
| POSITION: | 400-499 |
| LINE REFERENCE NO: | 5a. |

| | |
|--------------------|---|
| NAME: | Unit Apartment Number |
| DESCRIPTION: | Apartment number of the unit |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank. |
| EDITS: | None |
| FIELD NUMBER: | 48 |
| POSITION: | 500-509 |
| LINE REFERENCE NO: | 5a. |

NAME: **Unit City**
DESCRIPTION: City of the unit
TYPE: Alphanumeric
SIZE: 30
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued
FIELD NUMBER: 49
POSITION: 510-539
LINE REFERENCE NO: 5a.

NAME: **Unit State**
DESCRIPTION: State code of the unit
TYPE: Alpha
SIZE: 2
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must equal a valid state code
FIELD NUMBER: 50
POSITION: 540-541
LINE REFERENCE NO: 5a.

NAME: **Unit Zip Code**
DESCRIPTION: Five digit Zip Code of the unit
TYPE: Alphanumeric
SIZE: 5
COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued
FIELD NUMBER: 51
POSITION: 542-546
LINE REFERENCE NO: 5a.

NAME: Unit Zip Code +4

DESCRIPTION: Zip +4 of the unit

TYPE: Alphanumeric

SIZE: 4

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

Fatal: • If valued, must be numeric

FIELD NUMBER: 52

POSITION: 547-550

LINE REFERENCE NO: 5a.

NAME: Family Mailing Address same as Unit Address Indicator

DESCRIPTION: Indicates if the mailing address is the same as unit address

TYPE: Alpha

SIZE: 1

COMMENTS: User 'Y' for yes and 'N' for no. If 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.

EDITS:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '14', must equal 'Y' or 'N'

FIELD NUMBER: 53

POSITION: 551

LINE REFERENCE NO: 5b.

NAME: Family Mailing Address

DESCRIPTION: Address where family receives mail

TYPE: Alphanumeric

SIZE: 100

COMMENTS: Populate if different from Unit Address. If 5b equals 'Y', leave blank

EDITS:

Fatal: • If 5b equals 'N', must be valued

FIELD NUMBER: 54

POSITION: 552-651

LINE REFERENCE NO: 5c.

| | |
|--------------------|--|
| NAME: | Family Mailing Apartment Number |
| DESCRIPTION: | Apartment number of mailing address for the family |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | If 5b equals 'Y', leave blank |
| EDITS: | None |
| FIELD NUMBER: | 55 |
| POSITION: | 652-661 |
| LINE REFERENCE NO: | 5c. |

| | |
|--------------------|---|
| NAME: | Family Mailing City |
| DESCRIPTION: | City of mailing address for the family |
| TYPE: | Alphanumeric |
| SIZE: | 30 |
| COMMENTS: | If 5b equals 'Y', leave blank |
| EDITS: | |
| | Fatal: • If 5b equals 'N', must be valued |
| FIELD NUMBER: | 56 |
| POSITION: | 662-691 |
| LINE REFERENCE NO: | 5c. |

| | |
|--------------------|--|
| NAME: | Family Mailing State |
| DESCRIPTION: | State code of mailing address for the family |
| TYPE: | Alpha |
| SIZE: | 2 |
| COMMENTS: | If 5b equals 'Y', leave blank |
| EDITS: | |
| | Fatal: • If 5b equals 'N', must equal a valid state code |
| FIELD NUMBER: | 57 |
| POSITION: | 692-693 |
| LINE REFERENCE NO: | 5c. |

NAME: Family Mailing Zip Code
DESCRIPTION: Zip Code of mailing address for the family
TYPE: Alphanumeric
SIZE: 5
COMMENTS: If 5b equals 'Y', leave blank
EDITS:
Fatal: • If 5b equals 'N', must be 5 digit numeric
FIELD NUMBER: 58
POSITION: 694-698
LINE REFERENCE NO: 5c.

NAME: Family Mailing Zip Code +4
DESCRIPTION: Zip +4 of the mailing address for the family
TYPE: Alphanumeric
SIZE: 4
COMMENTS: None
EDITS:
Fatal: • If valued, must be numeric
FIELD NUMBER: 59
POSITION: 699-702
LINE REFERENCE NO: 5c.

NAME: Number of Bedrooms in Unit
DESCRIPTION: The number of bedrooms in the unit
TYPE: Numeric
SIZE: 1
COMMENTS: If unit is an efficiency or Single Room Occupancy (SRO), enter 0. If 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', put zero.
EDITS:
Fatal: • If 2a equals '1', '2', '3', '4', '7', '12' or '14', must be greater than or equal to zero and less than or equal to 9
FIELD NUMBER: 60
POSITION: 703
LINE REFERENCE NO: 5d.

| | |
|--------------------|---|
| NAME: | PHA Identified Accessible Unit Indicator |
| DESCRIPTION: | Indicator of whether the PHA has identified this unit as accessible |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes and 'N' for no (for Public Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank. |
| EDITS: | |
| | Fatal: • If 1c equals 'P' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N' |
| FIELD NUMBER: | 61 |
| POSITION: | 704 |
| LINE REFERENCE NO: | 5e. |

| | |
|--------------------|---|
| NAME: | Family Requested Accessibility Features Indicator |
| DESCRIPTION: | Indicator of whether the family requested accessibility features |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes and 'N' for no (for Public Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank. |
| EDITS: | |
| | Fatal: • If 1c equals 'P' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N' |
| FIELD NUMBER: | 62 |
| POSITION: | 705 |
| LINE REFERENCE NO: | 5f. |

NAME: Family Received Requested Accessibility Features Indicator

DESCRIPTION: Indicator if the family has fully received the requested accessibility features

TYPE: Numeric

SIZE: 1

COMMENTS: For Public Housing only. Use '1' for Yes, fully; '2' for Yes, partially; '3' for No, not at all; '4' for Action pending; '5' for Yes, partially and Action pending; '6' for No, not at all and Action pending. If 5f equals 'N' or is blank, put zero.

EDITS:

Fatal: • If 5f equals 'Y', must equal '1', '2', '3', '4', '5' or '6'

FIELD NUMBER: 63

POSITION: 706

LINE REFERENCE NO: 5g.

NAME: Year Unit Was Built

DESCRIPTION: The year that the unit was constructed (Section 8 only)

TYPE: Numeric

SIZE: 4

COMMENTS: Use YYYY format. If 1c equals 'P' or 2a equals 5, 6, 8, 9, 10, 11, 12, 13 or 15, leave blank

EDITS: Fatal: • If 1c equals 'CE', 'VO', or 'MR' and 2a equals 1, 2, 3, 4, 7 or 14, must be in 'YYYY' format

FIELD NUMBER: 64

POSITION: 707-710

LINE REFERENCE NO: 5j.

| | |
|--------------------|---|
| NAME: | Structure Type |
| DESCRIPTION: | The type of structure |
| TYPE: | Numeric |
| SIZE: | 1 |
| COMMENTS: | Use '1' for Single family detached, '2' for Semi-detached, '3' for Rowhouse/townhouse, '4' for Low-rise, '5' for High-rise with elevator and '6' for Manufactured Home. For Section 8 only. If 1c equals 'P' or 2a equals 5, 6, 8, 9, 10, 11, 12, 13 or 15, put zero. |
| EDITS: | Fatal: <ul style="list-style-type: none"> • If 1c equals 'CE', 'VO' or 'MR' and 2a equals 1, 2, 3, 4, 7 or 14, must equal '1', '2', '3', '4', '5' or '6'. |
| FIELD NUMBER: | 65 |
| POSITION: | 711 |
| LINE REFERENCE NO: | 5k. |

| | |
|--------------------|--|
| NAME: | Total Cash Value of Assets |
| DESCRIPTION: | The total of the individual cash value of the assets listed |
| TYPE: | Numeric |
| SIZE: | 7 |
| COMMENTS: | Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | None |
| FIELD NUMBER: | 66 |
| POSITION: | 712-718 |
| LINE REFERENCE NO: | 6f. |

NAME: **Total Anticipated Income**

DESCRIPTION: The total of anticipated income from assets

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

Fatal:

- If Total Anticipated Income is a positive value, then Total Cash Value of Assets must be non-zero

FIELD NUMBER: 67

POSITION: 719-724

LINE REFERENCE NO: 6g.

NAME: **Passbook Rate**

DESCRIPTION: Rate of interest for the project locality based on the average interest rate for a Passbook Savings Account in the area.

TYPE: Numeric

SIZE: 4

COMMENTS: Use an integer; ex. 2.5% would be represented as '0250' (format 99V99 where V is assumed decimal). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

Fatal:

- Must be four digits numeric

Warning:

- Must be less than or equal to 1000 (i.e., 10%)

FIELD NUMBER: 68

POSITION: 725-728

LINE REFERENCE NO: 6h.

NAME: **Imputed Asset Income**

DESCRIPTION: Product of the Total Cash Value and the Passbook Rate

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amounts (no decimals). Product of 6f and 6h (If 6f is \$5,000 or less, put zero)

EDITS:

Fatal: • If 6f is less than or equal to 5000, must equal zero.

Fatal: • If 6f is greater than 5000, must equal the product of 6f and 6h.

FIELD NUMBER: 69

POSITION: 729-734

LINE REFERENCE NO: 6i.

NAME: **Final Asset Income**

DESCRIPTION: The final figure in calculating asset income

TYPE: Numeric

SIZE: 6

COMMENTS: Should be whole dollar amounts (no decimals). Use larger of 6g or 6i.

EDITS:

Fatal: • Must equal the larger of 6g or 6i.

FIELD NUMBER: 70

POSITION: 735-740

LINE REFERENCE NO: 6j.

NAME: Total Annual Income

DESCRIPTION: The total annual income for all family members

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the sum of 6j and [(sum of 7d for all the Income Records) minus (sum of 7e for all the Income Records)]
- Warning: • Value is greater than \$190,000
- Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 72

POSITION: 745-750

LINE REFERENCE NO: 7i.

| | |
|--------------------|---|
| NAME: | Total Permissible Deductions |
| DESCRIPTION: | Indicates total of all permissible deductions |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Use whole dollar amounts (no decimals). If 2a equals '4', '5', '8', '9', '10', '11', '12', '13' or '15' or 1c equals 'CE', 'VO', or 'MR', put zero. |
| EDITS: | |
| | Fatal: • If 2a equals '1', '2', '3', '6', '7' or '14' and 1c equals 'P', must be greater than or equal to zero |
| | Warning: • Value is greater than \$90,000 |
| FIELD NUMBER: | 73 |
| POSITION: | 751-755 |
| LINE REFERENCE NO: | 8e. |

| | |
|--------------------|---|
| NAME: | Medical/Disability Threshold |
| DESCRIPTION: | The product of the medical percent and the total annual income |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Should be a whole number. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | |
| | Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62) and no family member is disabled, must equal zero |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is equal to or greater than 62] for any Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly) or 3j equals 'Y' for the Family Record in which 3h is not equal to 'L', must equal the product of 7i and .03. |
| FIELD NUMBER: | 74 |
| POSITION: | 756-760 |
| LINE REFERENCE NO: | 8f. |

| | |
|--------------------|--|
| NAME: | Total Unreimbursed Disability Assistance Expense |
| DESCRIPTION: | A family's out of pocket disability expenses not reimbursed by an outside source |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | |
| | Fatal: • Must be greater than or equal to zero |
| | Fatal: • If 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3j equals 'N' for all Family Records (no family members is disabled), must equal zero |
| FIELD NUMBER: | 75 |
| POSITION: | 761-765 |
| LINE REFERENCE NO: | 8g. |

| | |
|--------------|--|
| NAME: | Maximum Disability Allowance |
| DESCRIPTION: | Amount the PHA can potentially deduct for the family's disability allowance. |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is greater than or equal to 8f, must equal 8g minus 8f |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero |
| | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8g |

FIELD NUMBER: 76
 POSITION: 766-770
 LINE REFERENCE NO: 8h.

NAME: Earnings in 7d. Made Possible by Disability Assistance Expense

DESCRIPTION: Of a family's dollars per year, the amount of earned income received by a family member (which can include the working disabled family member) who is 18 or older and who is enabled to work as a result of attendant care or apparatus for a family member with disabilities.

TYPE: Numeric

SIZE: 5

COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • Must be less than or equal to the sum of 7d minus sum of 7e in all the Income Records (total income after earned income exclusion) where 7b is not 'P', 'SS', 'S', 'T', 'G', 'C', 'U', 'N' or 'E'.
- Fatal: • If 3j equals 'N' for all the Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (no family member is disabled), must equal zero.

FIELD NUMBER: 77
 POSITION: 771-775
 LINE REFERENCE NO: 8i.

NAME: Allowable Disability Assistance Expense

DESCRIPTION: Lesser of 8h or 8i - the amount of disability assistance the family is allowed to claim

TYPE: Numeric

SIZE: 5

COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f or 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h

equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled)], must equal the lesser of 8h or 8i

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8h

FIELD NUMBER: 78
 POSITION: 776-780
 LINE REFERENCE NO: 8j.

NAME: Total Out of Pocket Medical Expense
DESCRIPTION: Total amount of medical expense that is not reimbursable
TYPE: Numeric
SIZE: 6
COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero

FIELD NUMBER: 79
 POSITION: 781-786
 LINE REFERENCE NO: 8k.

NAME: Total Disability Assistance and Medical Expenses
DESCRIPTION: The sum of the family's allowable disability assistance and total out of pocket medical expenses
TYPE: Numeric
SIZE: 5
COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family

Record (any family member is disabled)] , must equal the sum of 8j and 8k

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'N' for all the Family Record (no family members is disabled)], must equal 8k

FIELD NUMBER: 80

POSITION: 787-791

LINE REFERENCE NO: 8m.

NAME: Medical/Disability Assistance Allowance

DESCRIPTION: The family's allowance for medical expenses and disability assistance expenses

TYPE: Numeric

SIZE: 5

COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m is greater than or equal to 8f], must equal 8m minus 8f
- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m less than 8f], must equal zero
- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family Record (any family member is disabled)]], must equal 8m

FIELD NUMBER: 81

POSITION: 792-796

LINE REFERENCE NO: 8n.

| | |
|--------------------|---|
| NAME: | Elderly/Disability Allowance |
| DESCRIPTION: | The allowance for elderly/disabled |
| TYPE: | Numeric |
| SIZE: | 4 |
| COMMENTS: | Currently 400. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | <p>Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is greater than or equal to 62 or 3j equals 'Y' for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled)], must equal 400</p> <p>Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for all the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head are under 62 and not disabled), must be zero</p> |
| FIELD NUMBER: | 82 |
| POSITION: | 797-800 |
| LINE REFERENCE NO: | 8p. |

| | |
|--------------------|--|
| NAME: | Number of Dependents |
| DESCRIPTION: | Total number of people under 18, or with a disability, or full-time students |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Members who meet more than one criterion cannot be counted twice; Do not include head, spouse, co-head, foster children/foster adults, or live-in aids. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | <p>Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the total count of Family Records in which 3h equals 'Y' or 'E' or ('A' where 3j equals 'Y') and 3H is not equal to 'H', 'S' or 'K'.</p> |
| FIELD NUMBER: | 83 |
| POSITION: | 801-802 |
| LINE REFERENCE NO: | 8q. |

| | |
|--------------------|--|
| NAME: | Allowance per Dependent |
| DESCRIPTION: | Standard allowance per each dependent |
| TYPE: | Numeric |
| SIZE: | 3 |
| COMMENTS: | Set to 480. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 480 |
| FIELD NUMBER: | 84 |
| POSITION: | 803-805 |
| LINE REFERENCE NO: | 8r. |

| | |
|--------------------|---|
| NAME: | Dependent Allowance |
| DESCRIPTION: | Total allowance for all dependents |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Product of Number of Dependents and Allowance per Dependent. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 8q and 8r |
| FIELD NUMBER: | 85 |
| POSITION: | 806-810 |
| LINE REFERENCE NO: | 8s. |

| | |
|--------------------|--|
| NAME: | Yearly Child Care Cost that is Not Reimbursed |
| DESCRIPTION: | Amount of yearly child care cost that is not reimbursed |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | |
| | Warning: • Value is greater than \$25,000 |
| | Fatal: • If valued, the household must have dependents less than the age of 13. If the field is not populated for a given record, then the household must not have dependents less than the age of 13. |
| | Fatal: • Must be greater than or equal to zero |
| FIELD NUMBER: | 86 |
| POSITION: | 811-815 |
| LINE REFERENCE NO: | 8t. |

| | |
|--------------------|--|
| NAME: | Total Allowances |
| DESCRIPTION: | Total amount of family's allowances |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Sum of all allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the sum of 8e, 8n, 8p, 8s, and 8t |
| FIELD NUMBER: | 90 |
| POSITION: | 828-833 |
| LINE REFERENCE NO: | 8x. |

| | |
|--------------|---|
| NAME: | Adjusted Annual Income |
| DESCRIPTION: | Total Annual income minus total allowances |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Annual income less total allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', must be zero |
| EDITS: | Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is greater than 8x, must equal 7i minus 8x |

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is less than or equal to 8x , must equal zero

FIELD NUMBER: 91
POSITION: 834-839
LINE REFERENCE NO: 8y.

NAME: Total Monthly Income

DESCRIPTION: The total income on a monthly basis

TYPE: Numeric

SIZE: 6

COMMENTS: Annual income divided by 12; use whole numbers (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS: Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must be valued to equal 7i divided by 12

FIELD NUMBER: 92
POSITION: 840-845
LINE REFERENCE NO: 9a.

NAME: TTP If Based on Annual Income

DESCRIPTION: Total Tenant Payment if based on the annual income

TYPE: Numeric

SIZE: 6

COMMENTS: The product of the total monthly income and the percent of monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS: Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal to the product of line 9a and 0.1

FIELD NUMBER: 94
POSITION: 850-855
LINE REFERENCE NO: 9c.

NAME: **Adjusted Monthly Income**

DESCRIPTION: The adjusted income on a monthly basis

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers; Adjusted annual income divided by 12. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero

EDITS:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 8y divided by 12

FIELD NUMBER: 95

POSITION: 856-861

LINE REFERENCE NO: 9d.

NAME: **Percent of Monthly Adjusted Income**

DESCRIPTION: Percent used to calculate adjusted annual income

TYPE: Numeric

SIZE: 4

COMMENTS: Use integers, default to '3000' (30%). Format is 99V99 where V is assumed decimal. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero

EDITS:

Fatal: • If 1c equals 'CE', 'VO' or 'MR', must equal 3000

Fatal: • Must be greater than zero and less than or equal to 3000

FIELD NUMBER: 96

POSITION: 862-865

LINE REFERENCE NO: 9e.

NAME: **TTP If Based on Adjusted Annual Income**

DESCRIPTION: Total tenant payment if based on the amount of adjusted annual income

TYPE: Numeric

SIZE: 5

COMMENTS: The product of adjusted monthly income and the percent of adjusted monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 9d and 9e divided by 10000

FIELD NUMBER: 97

POSITION: 866-870

LINE REFERENCE NO: 9f.

NAME: **Welfare Rent Per Month**

DESCRIPTION: Amount of welfare rent per month

TYPE: Numeric

SIZE: 5

COMMENTS: If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', must equal zero

EDITS:

Fatal: • If no 7b in the Income Records is 'T' or 'G' (the family has no TANF or general assistance income), must equal zero

FIELD NUMBER: 98

POSITION: 871-875

LINE REFERENCE NO: 9g.

| | |
|--------------------|---|
| NAME: | Minimum Rent |
| DESCRIPTION: | Minimum total tenant payment |
| TYPE: | Numeric |
| SIZE: | 3 |
| COMMENTS: | If waived, put zero. If 2a is '5', '6', '8', '10', '11', '12', '13' or '15', put zero |
| EDITS: | Fatal: <ul style="list-style-type: none">• Must be greater than or equal to zero and less than or equal to 51 |
| FIELD NUMBER: | 99 |
| POSITION: | 876-878 |
| LINE REFERENCE NO: | 9h. |

| | |
|--------------------|--|
| NAME: | Enhanced Voucher Minimum Rent |
| DESCRIPTION: | Minimum Rent for Enhanced Voucher program |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15' or 2m does not equal 'EV', put zero |
| EDITS: | Fatal: <ul style="list-style-type: none">• Must be greater than or equal to zero if 2m equals 'EV' Fatal: <ul style="list-style-type: none">• Must be equal to zero if 2m does not equal 'EV' Warning: <ul style="list-style-type: none">• Value is greater than \$2,000 |
| FIELD NUMBER: | 100 |
| POSITION: | 879-883 |
| LINE REFERENCE NO: | 9i. |

| | |
|--------------------|--|
| NAME: | TTP |
| DESCRIPTION: | Amount of total tenant payment |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', must be zero. |
| EDITS: | <ul style="list-style-type: none"> Fatal: • Must be greater than or equal to zero Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 2m equals 'EV', must be highest of 9c, 9f, 9g, 9h or 9i Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 2m does not equal 'EV', must be highest of 9c, 9f, 9g or 9h Warning: • Value is greater than \$2,250 |
| FIELD NUMBER: | 101 |
| POSITION: | 884-888 |
| LINE REFERENCE NO: | 9j. |

| | |
|--------------------|--|
| NAME: | Most Recent TTP |
| DESCRIPTION: | The TTP from the most recent calculation prior to this rent calculation |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Use whole numbers; Not applicable to New Admissions. If 2a equal '1', '5', '6', '8', '10', '11', '12', '13' or '15', must equal zero |
| EDITS: | None |
| FIELD NUMBER: | 102 |
| POSITION: | 889-893 |
| LINE REFERENCE NO: | 9k. |

| | |
|--------------|---|
| NAME: | Qualify for Minimum Rent Hardship Exemption |
| DESCRIPTION: | Indicates if the family qualifies for the minimum rent hardship exemption |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | If 2a equals '5', '6', '8', '9', '10', '11', '12', '13' or '15', leave |

blank.

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7' or '14', must equal 'Y' or 'N'.

FIELD NUMBER: 103

POSITION: 894

LINE REFERENCE NO: 9m.

50058 Family Record

| | |
|--------------------|---|
| NAME: | Section Indicator |
| DESCRIPTION: | The field indicates this is the beginning of a new record |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'T' for the Record Identifier for the family record format. |
| EDITS: | |
| | Fatal: • Must equal 'T' |
| FIELD NUMBER: | 1 |
| POSITION: | 1 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | Record Number |
| DESCRIPTION: | A sequential number that indicates the record number of the transmission |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | The number is incremented by 1 for each subsequent record in the transmission. |
| EDITS: | None |
| FIELD NUMBER: | 2 |
| POSITION: | 2-7 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | Member Number |
| DESCRIPTION: | The numeric value assigned to the member of the household |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Use '01' for the Head of Household; order sequentially. Cannot be blank |
| EDITS: | |
| | Fatal: • Member Number must be in the range 01-99 |
| | Fatal: • Highest member number must equal the total count of Family Records (members in the household) |
| | Fatal: • The highest member number must equal 3t in the Basic Record |
| | Fatal: • If 3h does not equal 'H', cannot equal '01' |
| | Fatal: • If 3h equals 'H', must equal '01' |
| FIELD NUMBER: | 3 |
| POSITION: | 8-9 |
| LINE REFERENCE NO: | 3a. |

| | |
|--------------------|---|
| NAME: | Member Last Name |
| DESCRIPTION: | Last name of the member of the household |
| TYPE: | Alpha |
| SIZE: | 30 |
| COMMENTS: | Separate name suffixes with commas (ex., Smith, Jr.). |
| EDITS: | |
| | Fatal: • Must be valued |
| | Fatal: • Member last name may contain only letters and the following punctuation marks: comma, hyphen, period, and apostrophe |
| FIELD NUMBER: | 4 |
| POSITION: | 10-39 |
| LINE REFERENCE NO: | 3b. |

NAME: Member First Name

DESCRIPTION: First name of the member of the household

TYPE: Alpha

SIZE: 30

COMMENTS: Do not include name prefixes such as Mr. or Ms.

EDITS:

Fatal: • Must be valued

Fatal: • Member first name may contain only letters and the following punctuation marks: comma, hyphen, period, and apostrophe

FIELD NUMBER: 5

POSITION: 40-69

LINE REFERENCE NO: 3c.

NAME: Member Middle Initial

DESCRIPTION: Middle initial of the member of the household

TYPE: Alpha

SIZE: 1

COMMENTS: Optional information.

EDITS: None

FIELD NUMBER: 6

POSITION: 70

LINE REFERENCE NO: 3d.

NAME: Member Birth Date

DESCRIPTION: Birth date of the member of the household

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format. If 3h equals 'F' or 'L', may be blank

EDITS:

Fatal: • If 3h equals 'H', 'S', 'Y', 'E', 'A', or 'K' (person is a family member), must be valued

Fatal: • If valued, must be 'MMDDYYYY' format

Fatal: • If valued, cannot be later than 2b (effective date of action) or the Update Date

FIELD NUMBER: 7
 POSITION: 71-78
 LINE REFERENCE NO: 3e.

NAME: Member Sex Code

DESCRIPTION: Gender of the member of the household
 TYPE: Alpha
 SIZE: 1
 COMMENTS: Use 'M' for male, 'F' for female.
 EDITS:

Fatal: • Must equal 'M' or 'F'

FIELD NUMBER: 8
 POSITION: 79
 LINE REFERENCE NO: 3g.

NAME: Member Relation Code

DESCRIPTION: Describes the member's category in the household
 TYPE: Alpha
 SIZE: 1
 COMMENTS: Use 'H' for head, 'S' for spouse, 'K' for co-head, 'F' for foster child/foster adult, 'Y' for other youth under 18, 'E' for full-time student 18+, 'L' for live-in aid, and 'A' for other adult.

EDITS:

Fatal: • Must equal 'H', 'S', 'K', 'F', 'Y', 'E', 'L' or 'A'

Fatal: • If 3a equals '01', must equal 'H'

Fatal: • If equal 'S', 3h for other Family Records cannot equal

Fatal: 'K'

• If equal 'K', 3h for other Family Records cannot equal 'S'

FIELD NUMBER: 9
 POSITION: 80
 LINE REFERENCE NO: 3h.

| | |
|--------------------|--|
| NAME: | Member Citizenship Code |
| DESCRIPTION: | Code indicating the member's citizenship status |
| TYPE: | Alpha |
| SIZE: | 2 |
| COMMENTS: | Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification. If 3h equals 'F' or 'L', may be blank. |
| EDITS: | |
| | Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E', or 'A', must be valued |
| | Fatal: • If valued, must equal 'EC', 'EN', 'IN', or 'PV' |
| FIELD NUMBER: | 10 |
| POSITION: | 81-82 |
| LINE REFERENCE NO: | 3i. |

| | |
|--------------------|---|
| NAME: | Member Disability Indicator |
| DESCRIPTION: | Indicates if the member of the household has a disability |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes and 'N' for no. |
| EDITS: | |
| | Fatal: Must equal 'Y' or 'N' |
| FIELD NUMBER: | 11 |
| POSITION: | 83 |
| LINE REFERENCE NO: | 3j. |

NAME: **Member Race Code White Indicator**

DESCRIPTION: Indicates if the race of the member of the household is white

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

- Fatal: • If 3h equals 'H', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'
- Fatal: • If 3h equals 'H' and each of 3k(2), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 12

POSITION: 84

LINE REFERENCE NO: 3k(1).

NAME: **Member Race Code Black/African American Indicator**

DESCRIPTION: Indicates if the race of the member of the household is Black/African American

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

- Fatal: • If 3h equals 'H', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'
- Fatal: • If 3h equals 'H' and each of 3k(1), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 13

POSITION: 85

LINE REFERENCE NO: 3k(2).

NAME: Member Race Code American Indian/Alaska Native Indicator

DESCRIPTION: Indicates if the race of the member of the household is Indian/Alaska Native

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

- Fatal: • If 3h equals 'H', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'
- Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 14

POSITION: 86

LINE REFERENCE NO: 3k(3).

NAME: Member Race Code Asian Indicator

DESCRIPTION: Indicates if the race of the member of the household is Asian

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

- Fatal: • If 3h equals 'H', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'
- Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 15

POSITION: 87

LINE REFERENCE NO: 3k(4).

NAME: Member Race Code Native Hawaiian/other Pacific Islander Indicator

DESCRIPTION: Indicates if the race of the member of the household is Native Hawaiian/other Pacific Islander

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

Fatal: • If 3h equals 'H', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(4) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 16

POSITION: 88

LINE REFERENCE NO: 3k(5).

NAME: Member Ethnicity Code

DESCRIPTION: Indicates whether the individual is Hispanic or Latino

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for Hispanic or Latino and '2' for Not Hispanic or Latino. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may equal zero.

EDITS:

Fatal: • If 3h equals 'H', must be valued

Fatal: • If valued, must equal '1' or '2'

FIELD NUMBER: 17

POSITION: 89

LINE REFERENCE NO: 3m.

| | |
|--------------------|--|
| NAME: | Member SSN |
| DESCRIPTION: | Social Security Number of the member of the household |
| TYPE: | Alphanumeric |
| SIZE: | 9 |
| COMMENTS: | If tenant is eligible for assistance but does not have an SSN, obtain alternate identifier from PIC. |
| FIELD NUMBER: | 18 |
| EDITS: | <div><div>Fatal:</div><ul style="list-style-type: none">• If 3h equals 'H', must equal 3n in Basic Record and must be nine digits numeric or a valid alternate identifier (AID) issued by HUD<div>Fatal:</div><ul style="list-style-type: none">• Must be nine digits numeric or a valid alternate identifier (AID) issued by HUD for ALL the members of the household<div>Fatal:</div><ul style="list-style-type: none">• Cannot equal '999999999', '111111111', '222222222', '333333333', '444444444', '555555555', '666666666', '777777777', '888888888', '123456789', '987654321', '090909090', '009009009'</div> |
| POSITION: | 90-98 |
| LINE REFERENCE NO: | 3n. |

| | |
|---------------------------|---|
| NAME: | Meeting Community Service or Self-Sufficiency Requirement |
| DESCRIPTION: | Indicate if the family member is in the process of meeting prior year community service or self-sufficiency requirement |
| TYPE: | Numeric |
| SIZE: | 1 |
| COMMENTS: | Use '1' for yes, '2' for no, 3' for pending and '4' for exempt. If 1c equals 'CE', 'VO', 'MR', leave blank. |
| EDITS: | <p>Fatal: • If 1c equals 'P' and 2a equals 2 or 12, must be valued</p> <p>Fatal: • If valued, must equal '1', '2', '3' or '4'</p> <p>Fatal: • If valued and 2b minus 3e is less than 18, must equal 4</p> <p>Fatal: • If valued and 2b minus 3e is greater than or equal to 62, must equal 4</p> <p>Fatal: • If valued and 3h equals 'F', 'Y', 'E' or 'L', must equal 4</p> |
| FIELD NUMBER: | 19 |
| POSITION: | 99 |
| LINE REFERENCE NO: | 3q. |

| | |
|---------------------------|---|
| NAME: | Alien Registration Number |
| DESCRIPTION: | Alien Registration Number (A-number), if applicable, for any non citizen member of the household |
| TYPE: | Alphanumeric |
| SIZE: | 10 |
| COMMENTS: | If the A-number has seven digits preceded by letter 'A', enter two zeros before the numbers. If A-number has eight digits preceded by letter 'A', enter one zero before the numbers. If A-number has nine digits preceded by letter 'A', enter the number without a leading zero. |
| EDITS: | Fatal: If valued, must begin with letter 'A' followed by nine numeric digits |
| FIELD NUMBER: | 20 |
| POSITION: | 100-109 |
| LINE REFERENCE NO: | 3p. |

50058 Income Record Format**NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'I' for the Record Identifier for the income record.

EDITS:

Fatal: • Must equal 'I'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

| | |
|--------------------|--|
| NAME: | Member Number |
| DESCRIPTION: | The numeric value assigned to the member of the household who contributed the income |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Use the same member number that was used in 3a. |
| EDITS: | <ul style="list-style-type: none"> Fatal: • Must be valued Fatal: • Must equal a 3a value (member number) in Family Records Fatal: • Member Number must be in the range 01-99 |
| FIELD NUMBER: | 3 |
| POSITION: | 8-9 |
| LINE REFERENCE NO: | 7a. |

| | |
|--------------------|--|
| NAME: | Income Code |
| DESCRIPTION: | The code to indicate the source of the income for the member of the family |
| TYPE: | Alpha |
| SIZE: | 2 |
| COMMENTS: | Use 'P' for pension, 'S' for SSI, 'G' for general assistance, 'I' for Indian trust/per capita, 'B' for own business, 'F' for Federal wage, 'W' for other wage, 'N' for other nonwage sources, 'SS' for Social Security, 'T' for TANF, 'C' for child support, 'M' for military pay, 'HA' for PHA wage, 'U' for unemployment benefits, 'IW' for annual imputed welfare income and 'E' for Medical Reimbursement. |
| EDITS: | <ul style="list-style-type: none"> Fatal: • If 7d is greater than zero, must be valued Fatal: • If valued, must equal 'P', 'S', 'G', 'I', 'B', 'F', 'W', 'N', 'SS', 'T', 'C', 'E', 'M', 'HA', 'IW' or 'U' |
| FIELD NUMBER: | 4 |
| POSITION: | 10-11 |
| LINE REFERENCE NO: | 7b. |

NAME: **Dollars Per Year**

DESCRIPTION: Identifies the dollars per year for the income source listed in 7b

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers.

EDITS:

- Fatal: • If 7b is valued, must be greater than zero
- Warning: • Value is greater than two and half times 80% of area median income of New York City

FIELD NUMBER: 5

POSITION: 12-17

LINE REFERENCE NO: 7d.

NAME: **Income Exclusions**

DESCRIPTION: Amount of inclusions earned income excluded per year

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers.

EDITS:

- Fatal: • Must be greater than or equal to zero
- Fatal: • Must be less than or equal to 7d
- Warning: • Value is greater than \$150,000

FIELD NUMBER: 6

POSITION: 18-23

LINE REFERENCE NO: 7e.

50058 Public Housing Record Format

| | |
|--------------------|--|
| NAME: | Section Indicator |
| DESCRIPTION: | The field indicates this is the beginning of a new record |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'P' for the Record Identifier for the Public Housing record. |
| EDITS: | |
| | Fatal: • Must equal 'P' |
| | Fatal: • 1c in the Basic Record must equal 'P' |
| FIELD NUMBER: | 1 |
| POSITION: | 1 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | Record Number |
| DESCRIPTION: | A sequential number that indicates the record number of the transmission |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | The number is incremented by 1 for each subsequent record in the transmission. |
| EDITS: | None |
| FIELD NUMBER: | 2 |
| POSITION: | 2-7 |
| LINE REFERENCE NO: | n/a |

NAME: Flat Rent

DESCRIPTION: Amount of rent charged the tenant that elects the Flat rent option

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 10u does not equal 'F' or 3u equals 'P', may be zero.

EDITS:

- Fatal: • If greater than zero, 1c must equal 'P'
- Fatal: • If 10u equals 'F', must be greater than zero
- Fatal: • Must be greater than or equal to zero
- Warning: • Value is greater than \$3,500

FIELD NUMBER: 3

POSITION: 8-12

LINE REFERENCE NO: 10b.

NAME: Income based ceiling rent, if any

DESCRIPTION: Amount of rent charged the tenant under a ceiling rent agreement

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 10u equals 'F' or 3u equals 'P', put zero.

EDITS:

- Fatal: • If 10u equals 'I' and 3u equals 'C', 'E', or 'F', must be greater than or equal to zero
- Fatal: • If 10u equals 'F' or 3u equals 'P', must be zero
- Warning: • Value is greater than \$3,500

FIELD NUMBER: 4

POSITION: 13-17

LINE REFERENCE NO: 10c.

NAME: Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)

DESCRIPTION: The lower of TTP or Ceiling Rent

TYPE: Numeric

SIZE: 5

COMMENTS: If 10u equals 'F' or 3u equals 'P', put zero. If 10c (Ceiling Rent) equals 0, fill with 9j (TTP).

EDITS:

Fatal: • If 10u equals 'I' and 3u equals 'C', 'E' or 'F' and 10c equals zero, must equal 9j

Fatal: • If 10u equals 'I' and 3u equals 'C', 'E' or 'F' and 10c is greater than zero, must equal lower of 9j or 10c

FIELD NUMBER: 5

POSITION: 18-22

LINE REFERENCE NO: 10d.

NAME: Utility Allowance

DESCRIPTION: Allowance determined for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, put zero. Normal range is 0-400. Range for Warning Error is 401-1400. Range for Fatal error is > 1400.

EDITS:

Warning: • Value is greater than \$1,400

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 6

POSITION: 23-26

LINE REFERENCE NO: 10e.

| | |
|--------------------|---|
| NAME: | Tenant Rent (or credit to tenant) |
| DESCRIPTION: | Amount of tenant rent |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use positive or negative numbers. If 10u equals 'F' or 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions. |
| EDITS: | <div><div>Fatal:</div><ul style="list-style-type: none">• There should not be a space between the sign and a number<div>Fatal:</div><ul style="list-style-type: none">• If 10u equals 'I' and 3u equals 'C', 'E' or 'F', must equal 10d minus 10e<div>Warning:</div><ul style="list-style-type: none">• Value is less than -2500 or greater than 2500</div> |
| FIELD NUMBER: | 7 |
| POSITION: | 27-32 |
| LINE REFERENCE NO: | 10f. |

| | |
|--------------------|--|
| NAME: | Public Housing Maximum Rent |
| DESCRIPTION: | The maximum rent in Public Housing |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | |
| | Fatal: • If 10u equals 'I' and 3u equals 'P', must be greater than or equals to zero |
| | Fatal: • If 10 equals 'F' or 3u equals 'C', 'E', or 'F', must be zero |
| | Warning: • Value is greater than \$1,400 |
| FIELD NUMBER: | 9 |
| POSITION: | 38-43 |
| LINE REFERENCE NO: | 10h. |

| | |
|--------------------|---|
| NAME: | Family Maximum Subsidy |
| DESCRIPTION: | The maximum subsidy for the family |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Equals Maximum Rent minus TTP. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Positive or negative numbers are accepted. |
| EDITS: | |
| | Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is greater than 9j, must equal 10h minus 9j |
| FIELD NUMBER: | 10 |
| POSITION: | 44-49 |
| LINE REFERENCE NO: | 10i. |

| | |
|--------------------|---|
| NAME: | Total Number Eligible |
| DESCRIPTION: | The total number of family members eligible |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV' for pending verification. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div>Fatal: <ul style="list-style-type: none">If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i equals 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)</div> |
| FIELD NUMBER: | 11 |
| POSITION: | 50-51 |
| LINE REFERENCE NO: | 10j. |

| | |
|--------------------|---|
| NAME: | Total Number in Family |
| DESCRIPTION: | The total number of family members |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Total the number of members of the family. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div>Fatal: <ul style="list-style-type: none">If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)</div> |
| FIELD NUMBER: | 12 |
| POSITION: | 52-53 |
| LINE REFERENCE NO: | 10k. |

NAME: Eligible Subsidy

DESCRIPTION: The subsidy amount for which the family is eligible

TYPE: Numeric

SIZE: 6

COMMENTS: The product of (the family maximum subsidy divided by the total number in the family) and the total number eligible. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Positive or negative numbers are accepted.

EDITS:

- Fatal: • If 10u equals 'I' and 3u equals 'P', must equal the product of 10j and the result of 10i divided by 10k

FIELD NUMBER: 14

POSITION: 56-61

LINE REFERENCE NO: 10n.

NAME: Mixed Family Total Tenant Payment

DESCRIPTION: TTP based on the proration calculation

TYPE: Numeric

SIZE: 5

COMMENTS: Maximum rent minus the eligible subsidy. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is greater than 10n, must equal 10h minus 10n

- Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is less than or equal to 10n, must equal zero

FIELD NUMBER: 15

POSITION: 62-66

LINE REFERENCE NO: 10p.

NAME: Utility Allowance

DESCRIPTION: Allowance determined for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 10u equals 'I' and 3u equals 'P', must be greater than or equal to zero

Warning: • Value is greater than \$1,000

FIELD NUMBER: 17
POSITION: 72-75
LINE REFERENCE NO: 10r.

NAME: Mixed Family Tenant Rent

DESCRIPTION: Tenant Rent based on proration

TYPE: Numeric

SIZE: 6

COMMENTS: Use positive or negative numbers. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS: Fatal: • There should not be a space between the sign and a number

Fatal: • If 10u equals 'I' and 3u equals 'P', must equal 10p minus 10r

Warning: • Value is greater than \$700

Fatal: • Must be greater than -700

FIELD NUMBER: 18
POSITION: 76-81
LINE REFERENCE NO: 10s.

NAME: Type of Rent

DESCRIPTION: Indicates whether rent is based on income, including ceiling, maximum, or minimum rent (in which the value = I), or whether the rent is a flat rent (in which the value = F)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'I' for Income based, 'F' for Flat.

EDITS:

Fatal: • Must be 'I' or 'F'

FIELD NUMBER: 20
POSITION: 87
LINE REFERENCE NO: 10u.

50058 Certificate/Project-based Voucher Record Format

| | |
|--------------------|--|
| NAME: | Section Indicator |
| DESCRIPTION: | The field indicates this is the beginning of a new record |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'C' for the Record Identifier for the certificate record format. |
| EDITS: | |
| | Fatal: • Must equal 'C' |
| | Fatal: • 1c in the Basic Record must equal 'CE' or 'VO' |
| FIELD NUMBER: | 1 |
| POSITION: | 1 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|--|
| NAME: | Record Number |
| DESCRIPTION: | A sequential number that indicates the record number of the transmission |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | The number is incremented by 1 for each subsequent record in the transmission. |
| EDITS: | None |
| FIELD NUMBER: | 2 |
| POSITION: | 2-7 |
| LINE REFERENCE NO: | n/a |

| | |
|--------------------|---|
| NAME: | Date Unit Last Passed HQS Inspection |
| DESCRIPTION: | The date the unit last passed inspection |
| TYPE: | Date |
| SIZE: | 8 |
| COMMENTS: | Use MMDDYYYY format. |
| EDITS: | |
| | Fatal: • Must be in 'MMDDYYYY' format |
| FIELD NUMBER: | 3 |
| POSITION: | 8-15 |
| LINE REFERENCE NO: | 5h. |

NAME: Date of Last Annual HQS Inspection

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: Is family now moving to this unit? (Y or N)

DESCRIPTION: Indicates that the family is now moving into this unit

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

Fatal: • If 2a equals 4 or 7, must equal 'Y'

FIELD NUMBER: 6

POSITION: 25

LINE REFERENCE NO: 11b.

NAME: Portability Indicator

DESCRIPTION: Indicates that this family moved into this PHA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS: Fatal: • Must be 'Y' or 'N'

Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 8

POSITION: 27

LINE REFERENCE NO: 11d.

NAME: Cost Billed per Month

DESCRIPTION: Monthly amount billed to another PHA for this family

TYPE: Numeric

SIZE: 5

COMMENTS: Must equal Zero.

EDITS:

Fatal:

- Must always equal zero

FIELD NUMBER: 9

POSITION: 28-32

LINE REFERENCE NO: 11e.

NAME: PHA Code Billed

DESCRIPTION: PHA code of the PHA billed under portability

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Must be blank.

EDITS:

Fatal:

- Must always be blank

FIELD NUMBER: 10

POSITION: 33-37

LINE REFERENCE NO: 11f.

NAME: Group Home Indicator

DESCRIPTION: Indicates whether the housing type is Group Home

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal:

- Must be 'Y' or 'N'

FIELD NUMBER: 12

POSITION: 39

LINE REFERENCE NO: 11g(2).

NAME: Single Room Occupancy Indicator

DESCRIPTION: Indicates whether the housing type is Single Room Occupancy (SRO)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 13

POSITION: 40

LINE REFERENCE NO: 11g(3).

NAME: Owner Name

DESCRIPTION: Name of unit owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS:

Fatal: • Must be valued

FIELD NUMBER: 14

POSITION: 41-75

LINE REFERENCE NO: 11h.

NAME: Owner TIN/SSN

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Alphanumeric

SIZE: 9

COMMENTS: Enter either the TIN or the Owner SSN.

EDITS:

Fatal: • Must be valued with nine digit alphanumeric

FIELD NUMBER: 15

POSITION: 76-84

LINE REFERENCE NO: 11i.

NAME: **Contract Rent to Owner**
DESCRIPTION: Monthly rent payable to owner specified in the HAP contract
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollars.
EDITS:
Fatal: • Must be greater than or equal to 0
Warning: • Value is less than \$5 or greater than \$3,000
FIELD NUMBER: 17
POSITION: 90-94
LINE REFERENCE NO: 11k.

NAME: **Utility Allowance**
DESCRIPTION: The allowance for utilities
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole numbers; If none, use zero.
EDITS:
Fatal: • Must be greater than or equal to zero
Warning: • Value is greater than \$400
FIELD NUMBER: 18
POSITION: 95-98
LINE REFERENCE NO: 11m.

NAME: **Gross Rent of Unit**
DESCRIPTION: The contract rent to owner plus the utility allowance
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole numbers.
EDITS:
Fatal: • Must equal sum of 11k and 11m
FIELD NUMBER: 19
POSITION: 99-103
LINE REFERENCE NO: 11n.

| | |
|--------------------|---|
| NAME: | Total HAP |
| DESCRIPTION: | Total PHA Payment |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use whole numbers. If 11q (same as 9j) is larger, put zero. If 3u equals 'P', put zero. |
| EDITS: | <p>Fatal: • If 3u equals 'C', 'E' or 'F' and 11n is greater than 11q (same as 9j), must equal 11n minus 9j</p> <p>Fatal: • If 3u equals 'C', 'E' or 'F' and 11n is less than or equal to 11q (same as 9j), must equal to zero</p> |
| FIELD NUMBER: | 21 |
| POSITION: | 109-114 |
| LINE REFERENCE NO: | 11r. |

| | |
|--------------------|--|
| NAME: | Tenant Rent |
| DESCRIPTION: | Amount of tenant rent |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use positive or negative numbers. If 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions. |
| EDITS: | <p>Fatal: • There should not be a space between the sign and a number</p> <p>Fatal: • If 3u equals 'C', 'E' or 'F', must equal 11k minus 11r</p> <p>Warning: • Value is less than -\$2,499 or greater than \$2,499</p> |
| FIELD NUMBER: | 22 |
| POSITION: | 115-120 |
| LINE REFERENCE NO: | 11s. |

NAME: HAP to Owner

DESCRIPTION: PHA Payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: The lower of the contract rent to owner or the total HAP. If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', must equal the lower of 11k or 11r

FIELD NUMBER: 23

POSITION: 121-125

LINE REFERENCE NO: 11t.

NAME: Normal Total HAP

DESCRIPTION: Normal total HAP in regular tenancy under proration

TYPE: Numeric

SIZE: 6

COMMENTS: Gross rent less TTP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'P' and 11n is greater than 9j, must equal 11n minus 9j

Fatal: • If 3u equals 'P' and 11n is less than or equal to 9j, must equal to zero

FIELD NUMBER: 24

POSITION: 126-131

LINE REFERENCE NO: 11aa.

NAME: Total Number Eligible

DESCRIPTION: Total number of members of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family

members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER: 28
 POSITION: 147-148
 LINE REFERENCE NO: 11ae.

NAME: Total Number in Family

DESCRIPTION: Total number of members of the family
 TYPE: Numeric
 SIZE: 2
 COMMENTS: Total the number of members of the family. If 3u equals 'C', 'E' or 'F', put zero.
 EDITS:

- Fatal: • If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)

FIELD NUMBER: 29
 POSITION: 149-150
 LINE REFERENCE NO: 11af.

NAME: Proration Percentage

DESCRIPTION: The percent of the family eligible for subsidy
 TYPE: Numeric
 SIZE: 2
 COMMENTS: Use an integer. If 3u equals 'C', 'E' or 'F', put zero.
 EDITS: Fatal: • If 3u equals 'P', must equal 11ae divided by 11af multiplied by 100

FIELD NUMBER: 30
 POSITION: 151-152
 LINE REFERENCE NO: 11ag.

NAME: Prorated Total HAP

DESCRIPTION: The prorated Total PHA Payment
 TYPE: Numeric
 SIZE: 5
 COMMENTS: Use whole numbers. Use the product of 11aa and 11ag. . If 3u equals 'C', 'E' or 'F', put zero.
 EDITS Fatal: • If 3u equals 'P', must equal the product of 11aa and

11ag divided by 100

FIELD NUMBER: 31
POSITION: 153-157
LINE REFERENCE NO: 11ah.

NAME: Mixed Family TTP

DESCRIPTION: The prorated Total Tenant Payment
TYPE: Numeric
SIZE: 5
COMMENTS: Gross rent minus prorated total HAP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P', and 11n is greater than 11ah, must equal 11n minus 11ah
Fatal: • If 3u equals 'P' and 11n is less than or equal to 11ah, must equal zero

FIELD NUMBER: 32
POSITION: 158-162
LINE REFERENCE NO: 11ai.

NAME: Mixed Family Tenant Rent

DESCRIPTION: Tenant Rent based on proration
TYPE: Numeric
SIZE: 5
COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

- EDITS: Fatal: • There should not be a space between the sign and a number
Fatal: • If 3u equals 'P', must equal 11ai minus 11m
Warning: • Value is less than -2499 or greater than 2500

FIELD NUMBER: 33
POSITION: 163-167
LINE REFERENCE NO: 11ak.

| | |
|--------------------|---|
| NAME: | Prorated HAP to Owner |
| DESCRIPTION: | Prorated PHA Payment to the owner |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Contract rent to owner less the mixed family tenant rent. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div><div>Fatal:</div><ul style="list-style-type: none">• If 3u equals 'P', and 11ak is positive and less than 11k, must equal 11k minus 11ak<div>Fatal:</div><ul style="list-style-type: none">• If 3u equals 'P' and 11ak is positive and greater than or equal to 11k, must equal zero<div>Fatal:</div><ul style="list-style-type: none">• If 3u equals 'P' and 11ak is negative, must equal 11k</div> |
| FIELD NUMBER: | 35 |
| POSITION: | 173-177 |
| LINE REFERENCE NO: | 11an. |

50058 Voucher Record Format**NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record

TYPE: Numeric

SIZE: 1

COMMENTS: Use 'V' for the Record Identifier for the voucher record format.

EDITS:

Fatal: • Must equal 'V'

Fatal: • 1c in the Basic Record must be 'VO'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: Date Unit Last Passed HQS Inspection

DESCRIPTION: The date the unit last passed inspection

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS: Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 3

POSITION: 8-15

LINE REFERENCE NO: 5h.

NAME: Date of Last Annual HQS Inspection

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: Number of Bedrooms on Voucher

DESCRIPTION: The number of bedrooms listed on the voucher

TYPE: Numeric

SIZE: 1

COMMENTS: Use whole numbers.

EDITS:

Fatal: • Must be greater than or equal to zero

Warning: • Value is greater than 9

FIELD NUMBER: 5

POSITION: 24

LINE REFERENCE NO: 12a.

NAME: Family Moving Into Unit Indicator

DESCRIPTION: Indicates that the family is occupying this unit for the first time

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

Fatal: • If 2a equals 4 or 7, must equal 'Y'

FIELD NUMBER: 6

POSITION: 25

LINE REFERENCE NO: 12b.

NAME: Family Qualify for Hard to House Indicator

DESCRIPTION: Indicates if the family qualified as a Hard to House family

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

- Fatal: • Must equal 'Y' or 'N'
- Fatal: • If 12g(2) equals 'Y', must be 'N'
- Fatal: • If 12g(3) equals 'Y', must be 'N'

FIELD NUMBER: 7

POSITION: 26

LINE REFERENCE NO: 12c.

NAME: Portability Indicator

DESCRIPTION: Indicates if this family moved into this PHA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

- Fatal: • Must equal 'Y' or 'N'
- Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 8

POSITION: 27

LINE REFERENCE NO: 12d.

NAME: **Cost Billed per Month**
DESCRIPTION: Monthly amount billed to another PHA for this family
TYPE: Numeric
SIZE: 4
COMMENTS: If this PHA has absorbed this family into its own program, enter zero.
EDITS:
Fatal: • Must be greater than or equal to zero
Fatal: • If 12d equals 'N', must equal zero
Warning: • Value is greater than \$3,000
FIELD NUMBER: 9
POSITION: 28-31
LINE REFERENCE NO: 12e.

NAME: **PHA Code Billed**
DESCRIPTION: PHA code for the PHA billed under portability
TYPE: Alphanumeric
SIZE: 5
COMMENTS: If 12d equals 'N' or 12e equals zero, leave blank.
EDITS:
Fatal: • If 12e is greater than zero, must be valued
Fatal: • If valued, must equal a valid PHA code
Fatal: • If valued, cannot equal 1b
Fatal: • If 12e is Zero, must be blank
FIELD NUMBER: 10
POSITION: 32-36
LINE REFERENCE NO: 12f.

NAME: Group Home Indicator

DESCRIPTION: Indicates whether the housing type is Group Home

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 11

POSITION: 37

LINE REFERENCE NO: 12g(1).

NAME: Own Manufactured Home, Lease Space Indicator

DESCRIPTION: Indicates whether the family owns a manufactured home and rents the space or land upon which the home rests

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

Fatal: • If 12g(2) equals 'Y', 12c must equal 'N'

FIELD NUMBER: 12

POSITION: 38

LINE REFERENCE NO: 12g(2).

NAME: Single Room Occupancy Indicator

DESCRIPTION: Indicates whether the housing type is Single Room Occupancy (SRO)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must be 'Y' or 'N'

Fatal: • If 12g(3) equals 'Y', 12c must equal 'N'

FIELD NUMBER: 13

POSITION: 39

LINE REFERENCE NO: 12g(3).

NAME: Owner Name

DESCRIPTION: Name of unit owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS:

Fatal: • Must be valued if 2a equals 1,2, 3, 4 or 7

FIELD NUMBER: 14

POSITION: 40-74

LINE REFERENCE NO: 12h.

NAME: Owner TIN/SSN

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Numeric

SIZE: 9

COMMENTS: Enter either the TIN or the SSN.

EDITS:

Fatal: • Must be valued with nine digit alphanumeric if 2a equals
1, 2, 3, 4 or 7

FIELD NUMBER: 15

POSITION: 75-83

LINE REFERENCE NO: 12i.

NAME: Payment Standard for Family

DESCRIPTION: Payment standard stated on the family's voucher

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers.

EDITS:

Warning: • Value is less than 50 or greater than 3000

FIELD NUMBER: 16

POSITION: 84-87

LINE REFERENCE NO: 12j.

NAME: Rent to OwnerDESCRIPTION: Monthly rent payable to owner specified in the HAP
contract

TYPE: Numeric
SIZE: 4
COMMENTS: Use whole dollars.
EDITS:

Warning: • Value is less than 5 or greater than 3000

FIELD NUMBER: 17
POSITION: 88-91
LINE REFERENCE NO: 12k.

NAME: Utility Allowance

DESCRIPTION: The allowance for tenant paid utilities
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole numbers; If none, enter zero.
EDITS:

Warning: • Value is greater than 400

FIELD NUMBER: 18
POSITION: 92-95
LINE REFERENCE NO: 12m.

NAME: Gross Rent of Unit

DESCRIPTION: The rent to owner plus the utility allowance
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole numbers.
EDITS:

Fatal: • Must equal sum of lines 12k and 12m

FIELD NUMBER: 20
POSITION: 100-103
LINE REFERENCE NO: 12p.

NAME: Lower of 12j or 12p

DESCRIPTION: The lower of Voucher Payment Standard and Gross Rent of Unit

TYPE: Numeric

SIZE: 4

COMMENTS: If the maximum subsidy is larger than the gross rent, put zero.

EDITS:

Fatal: • Must equal 12j or 12p

Fatal: • Must be lower of 12j or 12p

FIELD NUMBER: 21

POSITION: 104-107

LINE REFERENCE NO: 12q.

NAME: Total HAP

DESCRIPTION: Total PHA Payment

TYPE: Numeric

SIZE: 4

COMMENTS: 12q minus 9j. If 9j is larger, put zero.

EDITS:

Fatal: • If 12q is greater than 9j, must equal 12q minus 9j

Fatal: • If 12q is less than or equal to 9j, must equal zero

FIELD NUMBER: 22

POSITION: 108-111

LINE REFERENCE NO: 12s.

NAME: Total Family Share

DESCRIPTION: Total amount family contributes toward rent and utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers. If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', and 12p is greater than 12s, must equal 12p minus 12s

Fatal: • If 3u equals 'C', 'E' or 'F', and 12p is less than or equal to 12s, must equal zero

FIELD NUMBER: 23

POSITION: 112-115

LINE REFERENCE NO: 12t.

NAME: HAP to Owner

DESCRIPTION: PHA Payment to Owner

TYPE: Numeric

SIZE: 4

COMMENTS: Lower of Rent to Owner (12k) or Total HAP (12s). If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', must equal the lower of 12k or 12s

FIELD NUMBER: 24

POSITION: 116-119

LINE REFERENCE NO: 12u.

NAME: Tenant Rent to Owner

DESCRIPTION: The family's rent to the owner

TYPE: Numeric

SIZE: 4

COMMENTS: Rent to Owner minus HAP to Owner. If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', and 12k is greater than 12u, must be 12k minus 12u

Fatal: • If 3u equals 'C', 'E' or 'F', and 12k is less than or equal to 12u, must equal zero

FIELD NUMBER: 25

POSITION: 120-123

LINE REFERENCE NO: 12v.

NAME: Utility Reimbursement to Family

DESCRIPTION: The utility reimbursement paid to the family

TYPE: Numeric

SIZE: 4

COMMENTS: Total HAP (12s) minus HAP to owner (12u), not exceeding Utility allowance (12m). If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', and if 12s minus 12u is less than or equal to 12m, must equal 12s minus 12u.

Fatal: • If 3u equals 'C', 'E' or 'F', and if 12s minus 12u is greater than 12m, must equal 12m

FIELD NUMBER: 26

POSITION: 124-127

LINE REFERENCE NO: 12w.

NAME: Normal Total HAP
DESCRIPTION: Total PHA Payment (from 12s)
TYPE: Numeric
SIZE: 4
COMMENTS: Copy from 12s (12q-12r) but do not exceed 12p.
EDITS:

Warning: • Do not exceed 12p.

FIELD NUMBER: 28
POSITION: 133-136
LINE REFERENCE NO: 12ab.

NAME: Total Number Eligible
DESCRIPTION: Total number of members of the family eligible for subsidy
TYPE: Numeric
SIZE: 2
COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:

Fatal: • If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER: 29
POSITION: 137-138
LINE REFERENCE NO: 12ac.

| | |
|--------------------|---|
| NAME: | Total Number in Family |
| DESCRIPTION: | Total number of members of the family |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Total the number of members of the family. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | |
| | Fatal: <ul style="list-style-type: none">• If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members) |
| FIELD NUMBER: | 30 |
| POSITION: | 139-140 |
| LINE REFERENCE NO: | 12ad. |

| | |
|--------------------|--|
| NAME: | Proration Percentage |
| DESCRIPTION: | The percent of the family eligible for subsidy |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Use an integer. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | |
| | Fatal: <ul style="list-style-type: none">• If 3u equals 'P', must equal 12ac divided by 12ad multiplied by 100 |
| FIELD NUMBER: | 31 |
| POSITION: | 141-142 |
| LINE REFERENCE NO: | 12ae. |

| | |
|--------------------|--|
| NAME: | Prorated Total HAP |
| DESCRIPTION: | The prorated total PHA Payment |
| TYPE: | Numeric |
| SIZE: | 4 |
| COMMENTS: | Use whole numbers. Product of Normal total HAP and the proration percentage. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div>Fatal: <ul style="list-style-type: none">If 3u equals 'P' and 12s is less than 12p, must be the product of 12s and 12ae divided by 100.</div> <div>Fatal: <ul style="list-style-type: none">If 3u equals 'P' and 12s is greater than or equal to 12p, must be the product of 12p and 12ae divided by 100.</div> |
| FIELD NUMBER: | 32 |
| POSITION: | 143-146 |
| LINE REFERENCE NO: | 12af. |

| | |
|--------------------|--|
| NAME: | Mixed Family Total Family Contribution |
| DESCRIPTION: | The prorated Total Family Contribution |
| TYPE: | Numeric |
| SIZE: | 4 |
| COMMENTS: | Gross rent minus prorated HAP. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div>Fatal: <ul style="list-style-type: none">If 3u equals 'P' and 12p is greater than 12af, must equal 12p minus 12af</div> <div>Fatal: <ul style="list-style-type: none">If 3u equals 'P' and 12p is less than or equal to 12af, must equal zero</div> |
| FIELD NUMBER: | 33 |
| POSITION: | 147-150 |
| LINE REFERENCE NO: | 12ag. |

NAME: **Mixed Family Tenant Rent to Owner**

DESCRIPTION: Tenant Rent based on proration

TYPE: Numeric

SIZE: 5

COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:

- Fatal: • There should not be a space between the sign and a number
- Fatal: • If 3u equals 'P', must equal 12ag minus 12m
- Warning: • Value is less than -700 or greater than 700

FIELD NUMBER: 34

POSITION: 151-155

LINE REFERENCE NO: 12ai.

NAME: **Prorated HAP to Owner**

DESCRIPTION: Prorated PHA Payment to the owner

TYPE: Numeric

SIZE: 4

COMMENTS: Rent to owner less the tenant rent. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P' and 12ai is positive and less than 12k, must equal 12k minus 12ai
- Fatal: • If 3u equals 'P' and 12ai is positive and greater than or equal to 12k, must equal zero
- Fatal: • If 3u equals 'P' and 12ai is negative, must equal 12k

FIELD NUMBER: 35

POSITION: 156-159

LINE REFERENCE NO: 12aj.

50058 Mod Rehab Record Format**NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'R' for the Record Identifier for the Mod Rehab record format.

EDITS:

- Fatal: • Must equal 'R'
Fatal: • 1c in the Basic Record must equal 'MR'

FIELD NUMBER: 1
POSITION: 1
LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission
TYPE: Numeric
SIZE: 6
COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2
POSITION: 2-7
LINE REFERENCE NO: n/a

NAME: Date Unit Last Passed HQS Inspection

DESCRIPTION: The date the unit last passed inspection
TYPE: Date
SIZE: 8
COMMENTS: Use MMDDYYYY format.

EDITS:

- Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 3
POSITION: 8-15
LINE REFERENCE NO: 5h.

NAME: Date of Last Annual HQS Inspection

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: HAP Contract Number

DESCRIPTION: The PHA Payment contract number

TYPE: Alphanumeric

SIZE: 14

COMMENTS: None

EDITS:

Fatal: • Must be valued

FIELD NUMBER: 5

POSITION: 24-37

LINE REFERENCE NO: 13a.

NAME: Mod Rehab Single Room Occupancy Program for the Homeless Indicator

DESCRIPTION: Indicates whether the unit is part of the McKinney Moderate Rehabilitation Single Room Occupancy (SRO) program for the homeless

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER: 6

POSITION: 38

LINE REFERENCE NO: 13b.

NAME: Mod Rehab Single Room Occupancy Unit Indicator

DESCRIPTION: Indicates whether the housing type is mod rehab Single Room Occupancy (SRO)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no; Not for the Homeless program.

EDITS:

Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER: 7

POSITION: 39

LINE REFERENCE NO: 13c.

NAME: Owner Name

DESCRIPTION: Name of unit owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS:

Fatal: • Must be valued

FIELD NUMBER: 8

POSITION: 40-74

LINE REFERENCE NO: 13d.

NAME: Owner TIN/SSN

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Alphanumeric

SIZE: 9

COMMENTS: Enter either the TIN or the SSN.

EDITS:

Fatal: • Must be valued with nine digit alphanumeric

FIELD NUMBER: 9

POSITION: 75-83

LINE REFERENCE NO: 13e.

NAME: Current Base Rent

DESCRIPTION: The current base rent of the unit

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; do not include cents.

EDITS:

Warning:

- Value is less than 50 or greater than 3000

FIELD NUMBER: 10

POSITION: 84-87

LINE REFERENCE NO: 13f.

NAME: Rehabilitation Debt Service

DESCRIPTION: Monthly rehabilitation debt service applicable to the unit

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, put zero.

EDITS:

Fatal:

- Must be greater than or equal to zero

Warning:

- Value is greater than 3000

FIELD NUMBER: 11

POSITION: 88-91

LINE REFERENCE NO: 13g.

NAME: Contract Rent to Owner

DESCRIPTION: Monthly rent payable to owner specified in the HAP contract

TYPE: Numeric

SIZE: 5

COMMENTS: Must equal the sum of the current base rent and the rehabilitation debt service.

EDITS:

Fatal:

- Must equal the sum of 13f and 13g

FIELD NUMBER: 12

POSITION: 92-96

LINE REFERENCE NO: 13h.

NAME: Utility Allowance

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, enter zero.

EDITS:

Warning: • Value is greater than 1000

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 13

POSITION: 97-100

LINE REFERENCE NO: 13i.

NAME: Tenant Rent

DESCRIPTION: The tenant rent

TYPE: Numeric

SIZE: 6

COMMENTS: Use positive and negative numbers. If 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS: Fatal: • There should not be a space between the sign and a number

Fatal: • If 3u equals 'C', 'E' or 'F', and 13j is less than or equal to the sum of 13h and 13i, must equal 9j minus 13i

Fatal: • If 3u equals 'C', 'E' or 'F', and 13j is greater than the sum of 13h and 13i, must equal 13h

FIELD NUMBER: 14

POSITION: 101-106

LINE REFERENCE NO: 13k.

NAME: HAP to Owner

DESCRIPTION: PHA Payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: Contract rent to owner less the tenant rent. If 3u equals 'P', put zero.

EDITS:

- Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is negative, must equal 13h
- Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is positive and 13k is less than 13h, must equal 13h minus 13k
- Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is positive and 13k is greater than or equal to 13h, must equal zero

FIELD NUMBER: 15

POSITION: 107-111

LINE REFERENCE NO: 13m.

NAME: Gross Rent

DESCRIPTION: The rent to owner plus the utility allowance

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P', must equal the sum of 13h and 13i

FIELD NUMBER: 17

POSITION: 117-122

LINE REFERENCE NO: 13p.

| | |
|--------------------|--|
| NAME: | Normal Total HAP |
| DESCRIPTION: | Normal total HAP under proration |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Gross rent minus TTP. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <p>Fatal: • If 3u equals 'P' and 13p is greater than or equal to 9j, must equal 13p minus 9j</p> <p>Fatal: • If 3u equals 'P' and 13p is less than 9j, must equal zero</p> |
| FIELD NUMBER: | 18 |
| POSITION: | 123-127 |
| LINE REFERENCE NO: | 13q. |

| | |
|--------------------|---|
| NAME: | Total Number Eligible |
| DESCRIPTION: | Total number of members of the family eligible for subsidy |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <p>Fatal: • If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)</p> |
| FIELD NUMBER: | 19 |
| POSITION: | 128-129 |
| LINE REFERENCE NO: | 13r. |

| | |
|--------------|---|
| NAME: | Total Number in Family |
| DESCRIPTION: | Total number of members of the family |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Total the number of members of the family. If 3u equals |

'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)

FIELD NUMBER: 20
POSITION: 130-131
LINE REFERENCE NO: 13s.

NAME: Proration Percentage

DESCRIPTION: The percent of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Use an integer. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P', must equal 13r divided by 13s multiplied by 100

FIELD NUMBER: 21
POSITION: 132-133
LINE REFERENCE NO: 13t.

NAME: Prorated Total HAP

DESCRIPTION: The prorated PHA Payment

TYPE: Numeric

SIZE: 5

COMMENTS: Product of Normal Total HAP and the proration fraction. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P', must equal the product of 13q and 13t divided by 100

FIELD NUMBER: 22
POSITION: 134-138
LINE REFERENCE NO: 13u.

NAME: **Mixed Family TTP**

DESCRIPTION: The prorated Total Tenant Payment

TYPE: Numeric

SIZE: 5

COMMENTS: Gross rent minus prorated HAP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

- Fatal: • If 3u equals 'P' and 13p is greater than or equal to 13u, must equal 13p minus 13u
- Fatal: • If 3u equals 'P' and 13p is less than 13u, must equal zero

FIELD NUMBER: 23

POSITION: 139-143

LINE REFERENCE NO: 13v.

NAME: **Mixed Family Tenant Rent**

DESCRIPTION: Tenant Rent based on proration

TYPE: Numeric

SIZE: 6

COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:

- Fatal: • There should not be a space between the sign and a number
- Fatal: • If 3u equals 'P', must equal 13v minus 13i
- Warning: • Value is less than -700 or greater than 700

FIELD NUMBER: 24

POSITION: 144-149

LINE REFERENCE NO: 13x.

| | |
|--------------------|---|
| NAME: | Prorated HAP to Owner |
| DESCRIPTION: | Prorated PHA Payment to the owner |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | Rent to owner less the tenant rent. If 3u equals 'C', 'E' or 'F', put zero. |
| EDITS: | <div><div>Fatal:</div><ul style="list-style-type: none">• If 3u equals 'P' and 13x positive and 13x is less than or equal to 13h, must equal 13h minus 13x.<div>Fatal:</div><ul style="list-style-type: none">• If 3u equals 'P' and 13x positive and 13x greater than 13h, must equal zero.<div>Fatal:</div><ul style="list-style-type: none">• If equals 'P' and 13x negative, must equal 13h</div> |
| FIELD NUMBER: | 26 |
| POSITION: | 155-159 |
| LINE REFERENCE NO: | 13z. |

50058 Homeownership Record Format**NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record.

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'H' for the Record Identifier for the homeownership record format.

EDITS: Fatal: • Must equal 'H'

Fatal: • 1c in the Basic Record must be 'VO'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: Family Moving Into Home Indicator

DESCRIPTION: Indicates that the family is occupying this unit for the first time

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS: Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER: 3

POSITION: 8

LINE REFERENCE NO: 15a.

NAME: Date of Initial HQS Inspection

DESCRIPTION: Date of the initial HQS inspection

TYPE: Alphanumeric

SIZE: 8

COMMENTS: Must be MMDDYYYY format.

EDITS:

Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 9-16

LINE REFERENCE NO: 15b.

NAME: Portability Indicator

DESCRIPTION: Indicate if this family moved into this PHA's jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 5

POSITION: 17

LINE REFERENCE NO: 15c.

NAME: Cost Billed per Month

DESCRIPTION: Monthly amount billed to another PHA for this family

TYPE: Numeric

SIZE: 4

COMMENTS: Enter '0' if this PHA has absorbed this family into it's own program.

EDITS:

Fatal: • Must be greater than or equal to zero

Fatal: • If 15c equals 'N', must equal zero

Warning: • Value is greater than 3000

FIELD NUMBER: 6

POSITION: 18-21

LINE REFERENCE NO: 15d.

NAME: PHA Code Billed

DESCRIPTION: PHA code for the PHA billed under portability

TYPE: Alphanumeric

SIZE: 5

COMMENTS: If 15c equals 'N' or 15d equals zero, leave blank.

EDITS:

- Fatal: • If 15d is greater than zero, must be valued
- Fatal: • If valued, must equal a valid PHA code
- Fatal: • If valued, cannot be equal to 1b
- Fatal: • If 15d is Zero, must be blank

FIELD NUMBER: 7

POSITION: 22-26

LINE REFERENCE NO: 15e.

NAME: Monthly Homeownership Payment (PITI and MIP if applicable)

DESCRIPTION: The monthly payment for mortgage, interest, and property taxes – regardless of whether the family pays for all costs

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

- Fatal: • Must be greater than or equal to 0
- Warning: • Value is greater than \$3,000

FIELD NUMBER: 8

POSITION: 27-30

LINE REFERENCE NO: 15f.

NAME: Utility Allowance

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number; If none, enter zero.

EDITS:

Warning: • Value is greater than 400

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 9

POSITION: 31-34

LINE REFERENCE NO: 15g.

NAME: Monthly Maintenance Allowance

DESCRIPTION: The amount of the monthly maintenance allowance

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number; If none, enter zero.

EDITS:

Warning: • Value is greater than 400

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 10

POSITION: 35-38

LINE REFERENCE NO: 15h.

NAME: Monthly Major Repair/Replacement Allowance

DESCRIPTION: The amount of the major home repair allowance

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS: Warning: • Value is greater than 400

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 11

POSITION: 39-42

LINE REFERENCE NO: 15i.

NAME: Monthly Co-op/Condominium Assessment

DESCRIPTION: The monthly assessment for Co-op/condominium

NAME: Monthly Co-op/Condominium Assessment

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

Warning: • Must be less than 400

Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER: 12

POSITION: 43-46

LINE REFERENCE NO: 15j.

NAME: Monthly Principal and Interest on Debt for Improvements

DESCRIPTION: The amount of home improvement principal and interest for debt

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

Warning: • Value is greater than 400

Fatal: • Must be greater than or equal to zero

FIELD NUMBER: 13

POSITION: 47-50

LINE REFERENCE NO: 15k.

NAME: Gross Homeownership Expense

DESCRIPTION: The monthly homeownership expense

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

Fatal: • Must equal the sum of 15f, 15g, 15h, 15i, 15j and 15k

Fatal: • Must be greater than or equal to zero

Warning: • Value is greater than 5000

FIELD NUMBER: 14

POSITION: 51-54

LINE REFERENCE NO: 15m.

NAME: Payment Standard for the family

DESCRIPTION: The amount of family voucher

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

Warning:

- Value is less than 50 or greater than 3000

FIELD NUMBER: 15

POSITION: 55-58

LINE REFERENCE NO: 15n.

NAME: Lower of 15m and 15n

DESCRIPTION: The lower of 15m and 15n

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers.

EDITS:

Fatal:

- Must equal lower of 15m or 15n

FIELD NUMBER: 16

POSITION: 59-62

LINE REFERENCE NO: 15p.

NAME: HAP

DESCRIPTION: The amount of housing assistance payment

TYPE: Numeric

SIZE: 4

COMMENTS: HAP: 15p minus 9j. If 9j is larger, put zero.

EDITS:

Fatal:

- If 15p is greater than 9j, must equal 15p minus 9j

Fatal:

- If 15p is less than or equal to 9j, must equal zero

FIELD NUMBER: 17

POSITION: 63-66

LINE REFERENCE NO: 15r.

NAME: Total Family Share

DESCRIPTION: Total amount the family contributes toward rent and utilities

TYPE: Numeric

NAME: Total Family Share

SIZE: 4

COMMENTS: Subtract HAP (15r) from gross homeownership expense (15m). Total family share: 15m minus 15r. If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', and 15m is greater than 15r, must equal 15m minus 15r

Fatal: • If 3u equals 'C', 'E' or 'F', and 15m is less than or equal to 15r, must equal zero

FIELD NUMBER: 18

POSITION: 67-70

LINE REFERENCE NO: 15s.

NAME: Total Number Eligible

DESCRIPTION: Total number of members of family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER: 19

POSITION: 71-72

LINE REFERENCE NO: 15ab.

NAME: **Total Number in Family**
DESCRIPTION: Total number of members of the family
TYPE: Numeric
SIZE: 2
COMMENTS: Total number of the members of the family. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:
Fatal: • If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER: 20
POSITION: 73-74
LINE REFERENCE NO: 15ac.

NAME: **Proration Percentage**
DESCRIPTION: The percent of the family that is eligible for rent subsidy
TYPE: Numeric
SIZE: 2
COMMENTS: Use an integer. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:
Fatal: • If 3u equals 'P', must equal 15ab divided by 15ac multiplied by 100
FIELD NUMBER: 21
POSITION: 75-76
LINE REFERENCE NO: 15ad.

NAME: **Prorated HAP**
DESCRIPTION: The total prorated amount of the housing assistance payment to the homeowner
TYPE: Numeric
SIZE: 4
COMMENTS: Prorated HAP: 15r multiplied by 15ad. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:
Fatal: • If 3u equals 'P', must equal 15r multiplied by 15ad divided by 100
FIELD NUMBER: 22

POSITION: 77-80

LINE REFERENCE NO: 15ae.

NAME: Mixed Family Total Family Share

DESCRIPTION: The prorated Total Family Contribution

TYPE: Numeric

SIZE: 5

COMMENTS: Mixed family total family share: 15m Gross Homeownership Expense minus 15ae Prorated HAP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'P' and 15m is greater than or equal to 15ae, must equal 15m minus 15ae

Fatal: • If 3u equals 'P' and 15m is less than 15ae, must equal zero

FIELD NUMBER: 23

POSITION: 81-85

LINE REFERENCE NO: 15af.

50058 FSS/WtW Record Format**NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for the Record Identifier for the FSS/Welfare to Work Addendum record format.

EDITS:

Fatal: • Must equal 'F'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: Special Program FSS Participation Indicator

DESCRIPTION: Indicates whether the family participates in the FSS program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

Fatal: • If 17a(2) equals 'N', must be 'Y'

Fatal: • If 1c equals to 'MR', must be 'N'

FIELD NUMBER: 3

POSITION: 8

LINE REFERENCE NO: 17a(1).

NAME: Special Program Welfare to Work Voucher Participation Indicator

DESCRIPTION: Indicates whether the family participates in the Welfare to Work Voucher Program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • Must equal 'Y' or 'N'

Fatal: • If 17a(1) equals 'N', must be 'Y'

Fatal: • If 1c equals to 'MR', must be 'N'

FIELD NUMBER: 4

POSITION: 9

LINE REFERENCE NO: 17a(2).

NAME: **FSS Report Category**
DESCRIPTION: Indicates the FSS report category
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'E' for enrollment, 'P' for progress, and 'X' for exit.
EDITS:
Fatal: • If 17a(1) equals 'Y', must be valued 'E', 'P' or 'X'
Fatal: • If 17a(1) equals 'N', must be blank
FIELD NUMBER: 5
POSITION: 10
LINE REFERENCE NO: 17b.

NAME: **FSS Effective Date of Action**
DESCRIPTION: This is the effective date of the action for the family participating the FSS program
TYPE: Date
SIZE: 8
COMMENTS: Must be in MMDDYYYY format.
EDITS:
Fatal: • If 17a(1) equals 'Y', must be valued in 'MMDDYYYY' format
Fatal: • If 17a(1) equals 'N', must be blank
Warning: • If valued, cannot be earlier than 60 days from the date of the submission (current date)
Warning: • If valued, and 2a equals '2', '3' or '8' - must equal the effective date of the submission (2b)
FIELD NUMBER: 6
POSITION: 11-18
LINE REFERENCE NO: 17c.

NAME: PHA Code of PHA Adminstrating FSS Contract
DESCRIPTION: Indicates the PHA code of PHA administering FSS contract
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Use valid PHA code.
EDITS:
Fatal: • If 17a(1) equals 'Y', must be valued
Fatal: • If valued, must equal a valid PHA code
Fatal: • If 17a(1) equals 'N', must be blank
FIELD NUMBER: 7
POSITION: 19-23
LINE REFERENCE NO: 17d.

NAME: WtW Voucher Report Category
DESCRIPTION: Indicates the WtW report category
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'E' for enrollment, 'P' for progress, and 'X' for exit.
EDITS:
Fatal: • If 17a(2) equals 'Y', must be valued 'E', 'P' or 'X'
Fatal: • If 17a(2) equals 'N', must be blank
FIELD NUMBER: 8
POSITION: 24
LINE REFERENCE NO: 17e.

NAME: Welfare to Work Voucher Effective Date of Action

DESCRIPTION: This is the effective date of the action of the Welfare to Work program

TYPE: Date

SIZE: 8

COMMENTS: Must be in MMDDYYYY format.

EDITS:

- Fatal: • If 17a(2) equals 'Y', must be valued in 'MMDDYYYY' format
- Fatal: • If 17a(2) equals 'N', must be blank

FIELD NUMBER: 9

POSITION: 25-32

LINE REFERENCE NO: 17f.

NAME: PHA Code of PHA that Issued Welfare to Work Voucher

DESCRIPTION: Indicates the PHA code of PHA that issued the WtW voucher

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use valid PHA code.

EDITS:

- Fatal: • If 17a(2) equals 'Y', must be valued
- Fatal: • If valued, must equal a valid PHA code
- Fatal: • If 17a(2) equals 'N', must be blank

FIELD NUMBER: 10

POSITION: 33-37

LINE REFERENCE NO: 17g(1).

NAME: PHA Code of PHA Counting the family in WtW Voucher Program

DESCRIPTION: Indicates the PHA code of the PHA counting the family as enrolled in the WtW program (if different from 17g(1).

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use valid PHA code.

EDITS:

- Fatal: • If 17a(2) equals 'Y' and 17g(2) is valued, must be different from 17g(1)
- Fatal: • If valued, must equal a valid PHA code
- Fatal: • If 17a(2) equals 'N', must be blank

FIELD NUMBER: 11

POSITION: 38-42

LINE REFERENCE NO: 17g(2).

NAME: Employed Indicator

DESCRIPTION: Indicates the employment status of the head of household

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for Full-time, 'P' for Part-time, or 'N' for Not employed.

EDITS:

- Fatal: • If 17b or 17e equals 'E' or 'P', must equal 'F', 'P' or 'N'
- Fatal: • If 17m(1) equals 'Y', must equal 'F', 'P' or 'N'

FIELD NUMBER: 12

POSITION: 43

LINE REFERENCE NO: 17h(1).

NAME: **Date Current Employment Began**
DESCRIPTION: Indicates the start date of the current employment
TYPE: Date
SIZE: 8
COMMENTS: Must be in MMDDYYYY format.
EDITS:
Fatal: • If 17h(1) equals 'F' or 'P', must be valued
Fatal: • If 17h(1) equals 'N' or is blank, must be blank
Fatal: • If valued, must be in 'MMDDYYYY' format
FIELD NUMBER: 13
POSITION: 44-51
LINE REFERENCE NO: 17h(2).

NAME: **Benefits in Current Employment – Health Indicator**
DESCRIPTION: Indicates health benefit in the current employment
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes, 'N' for no.
EDITS:
Fatal: • If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal: • If 17h(1) equals 'N' or is blank, must be blank
FIELD NUMBER: 14
POSITION: 52
LINE REFERENCE NO: 17h(3)(a).

NAME: Benefits in Current Employment – Retirement Account Indicator

DESCRIPTION: Indicates retirement account benefit in the current employment

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'

Fatal: • If 17h(1) equals 'N' or is blank, must be blank

FIELD NUMBER: 15

POSITION: 53

LINE REFERENCE NO: 17h(3)(b).

NAME: Benefits in Current Employment – Other Indicator

DESCRIPTION: Indicates other benefit in the current employment

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'

Fatal: • If 17h(1) equals 'N' or is blank, must be blank

FIELD NUMBER: 16

POSITION: 54

LINE REFERENCE NO: 17h(3)(c).

NAME: Years of School Completed by Head of Household

DESCRIPTION: The highest grade of education or years of formal schooling the head of household completed.

TYPE: Numeric

SIZE: 2

COMMENTS: The total number of years of formal education received.

EDITS:

- Fatal: • If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal zero
- Warning: • If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must be greater than or equal to zero and less than or equal to 25

FIELD NUMBER: 17

POSITION: 55-56

LINE REFERENCE NO: 17h(4).

NAME: Family Receives TANF Income Assistance Indicator

DESCRIPTION: Indicates if the family receives TANF Income Assistance

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

- Fatal: • If 17b equals 'X' and 17m(1) equals 'Y', must equal 'N'

FIELD NUMBER: 18

POSITION: 57

LINE REFERENCE NO: 17h(5)(a).

NAME: Family Receives General Assistance Indicator
DESCRIPTION: Indicates if the family receives General Assistance
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes, 'N' for no.
EDITS:
Fatal: • If 17b equals 'X' and 17m(1) equals 'Y', must equal 'N'

FIELD NUMBER: 19
POSITION: 58
LINE REFERENCE NO: 17h(5)(b).

NAME: Family Currently Receives Food Stamps Indicator
DESCRIPTION: Indicates whether the family is receiving food stamps
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes, 'N' for no. If blank, defaults to "no".
EDITS:
Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 20
POSITION: 59
LINE REFERENCE NO: 17h(5)(c).

NAME: Family Currently Receives Medicaid/Children's Health Insurance Program Indicator

DESCRIPTION: Indicates whether the family is receiving Medicaid/Children's Health Insurance Program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If blank, defaults to 'no'.

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 21

POSITION: 60

LINE REFERENCE NO: 17h(5)(d).

NAME: Family Receives Earned Income Tax Credit Indicator

DESCRIPTION: Indicates whether the family receives the Earned Income Tax Credit

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If blank, defaults to 'no'.

EDITS:

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 22

POSITION: 61

LINE REFERENCE NO: 17h(5)(e).

| | |
|--------------------|--|
| NAME: | Number of Children Receiving Child Care Services |
| DESCRIPTION: | Indicates the number of children in the family receiving child care services |
| TYPE: | Numeric |
| SIZE: | 1 |
| COMMENTS: | None |
| EDITS: | |
| | Fatal: • If both 17b and 17e equal 'X' or are blank, must equal zero |
| | Fatal: • If 17b or 17e equals 'E' or 'P', must be less than 3t |
| FIELD NUMBER: | 23 |
| POSITION: | 62 |
| LINE REFERENCE NO: | 17h(6). |

| | |
|--------------------|---|
| NAME: | GED Needs Indicator |
| DESCRIPTION: | Indicates if the FSS contract or WtW voucher identified that this service is needed |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank. |
| EDITS: | |
| | Fatal: • If 17b equals 'E', must be valued |
| | Fatal: • If valued, must equal 'Y' or 'N' |
| FIELD NUMBER: | 24 |
| POSITION: | 63 |
| LINE REFERENCE NO: | 17i(1)(a). |

NAME: High School Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 25

POSITION: 64

LINE REFERENCE NO: 17i(1)(b).

NAME: Post Secondary Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 26

POSITION: 65

LINE REFERENCE NO: 17i(1)(c).

NAME: Vocational/Job Training Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 27

POSITION: 66

LINE REFERENCE NO: 17i(1)(d).

NAME: Job Search/Job Placement Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 28

POSITION: 67

LINE REFERENCE NO: 17i(1)(e).

NAME: Job Retention Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 29

POSITION: 68

LINE REFERENCE NO: 17i(1)(f).

NAME: Transportation Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

- Fatal: • If 17b equals 'E', must be valued
- Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 30

POSITION: 69

LINE REFERENCE NO: 17i(1)(g).

NAME: Health Services Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 31

POSITION: 70

LINE REFERENCE NO: 17i(1)(h).

NAME: Alcohol and other Drug Abuse Prevention Services Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 32

POSITION: 71

LINE REFERENCE NO: 17i(1)(i).

NAME: **Mentoring Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 33

POSITION: 72

LINE REFERENCE NO: 17i(1)(j).

NAME: **Homeownership Counseling Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 34

POSITION: 73

LINE REFERENCE NO: 17i(1)(k).

NAME: Individual Development Account (IDA) Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 35

POSITION: 74

LINE REFERENCE NO: 17i(1)(L).

NAME: Child Care Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 36

POSITION: 75

LINE REFERENCE NO: 17i(1)(m).

NAME: No Needs Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that no service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

Fatal: • If 17b equals 'E', must be valued

Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 37

POSITION: 76

LINE REFERENCE NO: 17i(1)(n).

NAME: GED Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(A) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(A) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 38

POSITION: 77

LINE REFERENCE NO: 17i(2)(a).

NAME: High School Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(B) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(B) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 39

POSITION: 78

LINE REFERENCE NO: 17i(2)(b).

NAME: Post Secondary Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(C) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(C) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 40

POSITION: 79

LINE REFERENCE NO: 17i(2)(c).

NAME: Vocational/Job Training Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(D) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(D) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 41

POSITION: 80

LINE REFERENCE NO: 17i(2)(d).

NAME: Job Search/Job Placement Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(E) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(E) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 42

POSITION: 81

LINE REFERENCE NO: 17i(2)(e).

NAME: Job Retention Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(F) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(F) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 43

POSITION: 82

LINE REFERENCE NO: 17i(2)(f).

NAME: Transportation Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(G) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(G) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 44

POSITION: 83

LINE REFERENCE NO: 17i(2)(g).

NAME: Health Services Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(H) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(H) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 45

POSITION: 84

LINE REFERENCE NO: 17i(2)(h).

NAME: Alcohol and Other Drug Abuse Prevention Services Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(I) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(I) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 46

POSITION: 85

LINE REFERENCE NO: 17i(2)(i).

NAME: Mentoring Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave

blank. If 17i(1)(J) is blank, leave blank.

EDITS:

- Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(J) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 47

POSITION: 86

LINE REFERENCE NO: 17i(2)(j).

NAME: Homeownership Counseling Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(K) is blank, leave blank.

EDITS:

- Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(K) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 48

POSITION: 87

LINE REFERENCE NO: 17i(2)(k).

NAME: Individual Development Account (IDA) Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(L) is blank, leave blank.

EDITS:

- Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(L) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 49

POSITION: 88

LINE REFERENCE NO: 17i(2)(l).

NAME: Child Care Needs Met Indicator

DESCRIPTION: Indicates if the needs were met through the FSS/WtW program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(M) is blank, leave blank.

EDITS:

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(M) is valued, must equal 'Y' or 'N'

FIELD NUMBER: 50

POSITION: 89

LINE REFERENCE NO: 17i(2)(m).

NAME: GED Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(A) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(A) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 51

POSITION: 90-92

LINE REFERENCE NO: 17i(3)(a).

NAME: High School Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(B) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(B) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 52

POSITION: 93-95

LINE REFERENCE NO: 17i(3)(b).

NAME: Post Secondary Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(C) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(C) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 53

POSITION: 96-98

LINE REFERENCE NO: 17i(3)(c).

NAME: Vocational/Job Training Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(D) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(D) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 54

POSITION: 99-101

LINE REFERENCE NO: 17i(3)(d).

NAME: Job Search/Job Placement Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(E) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(E) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 55

POSITION: 102-104

LINE REFERENCE NO: 17i(3)(e).

NAME: Job Retention Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(F) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(F) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 56

POSITION: 105-107

LINE REFERENCE NO: 17i(3)(f).

NAME: Transportation Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(G) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(G) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 57

POSITION: 108-110

LINE REFERENCE NO: 17i(3)(g).

NAME: Health Services Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(H) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(H) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 58

POSITION: 111-113

LINE REFERENCE NO: 17i(3)(h).

NAME: Alcohol and Other Drug Abuse Prevention Services Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(I) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(I) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 59

POSITION: 114-116

LINE REFERENCE NO: 17i(3)(i).

NAME: **Mentoring Needs Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(J) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(J) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 60

POSITION: 117-119

LINE REFERENCE NO: 17i(3)(j).

NAME: **Homeownership Counseling Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(K) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(K) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 61

POSITION: 120-122

LINE REFERENCE NO: 17i(3)(k).

NAME: Individual Development Account (IDA) Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(L) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(L) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 62

POSITION: 123-125

LINE REFERENCE NO: 17i(3)(L).

NAME: Child Care Needs Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(M) equals 'N' or is blank, leave blank

EDITS:

Fatal: • If 17i(2)(M) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER: 63

POSITION: 126-128

LINE REFERENCE NO: 17i(3)(m).

| | |
|--------------------|--|
| NAME: | Initial Start Date of Contract of Participation |
| DESCRIPTION: | Beginning date of the contract of FSS participation |
| TYPE: | Date |
| SIZE: | 6 |
| COMMENTS: | Use MMYYYY format. |
| EDITS: | |
| | Fatal: • If 17b equals 'E', must be valued MMYYYY format |
| | Fatal: • If 17b equals 'P' or 'X' or is blank, must be blank |
| | Fatal: • If valued, must have the same month and year as 17c |
| FIELD NUMBER: | 64 |
| POSITION: | 129-134 |
| LINE REFERENCE NO: | 17j(1). |

| | |
|--------------------|--|
| NAME: | Initial End Date of Contract of Participation |
| DESCRIPTION: | The original end date of the contract of FSS participation |
| TYPE: | Date |
| SIZE: | 6 |
| COMMENTS: | Use MMYYYY format. |
| EDITS: | |
| | Fatal: • If 17b equals 'E', must be valued in MMYYYY format |
| | Fatal: • If 17b equals 'P' or 'X' or is blank, must be blank |
| FIELD NUMBER: | 65 |
| POSITION: | 135-140 |
| LINE REFERENCE NO: | 17j(2). |

| | |
|--------------------|--|
| NAME: | Contract Extension Date |
| DESCRIPTION: | Date through which the FSS contract was extended |
| TYPE: | Date |
| SIZE: | 6 |
| COMMENTS: | Use MMYYYY format. If not valued, leave blank. |
| EDITS: | |
| | Fatal: • If valued, must be MMYYYY format |
| | Fatal: • If valued, 17b must equal 'P' |
| FIELD NUMBER: | 66 |
| POSITION: | 141-146 |
| LINE REFERENCE NO: | 17j(3). |

| | |
|--------------------|--|
| NAME: | Number of Family Members with Individual Training and Services Plan |
| DESCRIPTION: | Indicates the number of family members with individual training and services plan |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Must be numeric. If 17b equals 'X' or is blank, put zero. |
| EDITS: | |
| | Fatal: <ul style="list-style-type: none">• If 17b equals 'E' or 'P', must be greater than or equal to 1 and less than or equal to 99 |
| FIELD NUMBER: | 67 |
| POSITION: | 147-148 |
| LINE REFERENCE NO: | 17j(4). |

| | |
|--------------------|---|
| NAME: | Selection Preference |
| DESCRIPTION: | Indicates whether the family received selection preference based on FSS program participation |
| TYPE: | Alpha |
| SIZE: | 1 |
| COMMENTS: | Use 'Y' for yes, 'N' for no. If 17b equals 'P' or 'X' or is blank, leave blank. |
| EDITS: | |
| | Fatal: <ul style="list-style-type: none">• If 17b equals 'E', must equal 'Y' or 'N' |
| FIELD NUMBER: | 68 |
| POSITION: | 149 |
| LINE REFERENCE NO: | 17j(5). |

NAME: **Current FSS Account Monthly Credit**

DESCRIPTION: The current FSS account monthly credit as of the date of action

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 17b equals 'E' or is blank, put zero

EDITS:

Warning: • If 17b equals 'P' or 'X', amount is usually not more than 2000

Fatal: • If 17b equals 'P' or 'X', must be greater than or equal to zero and less than 4000

FIELD NUMBER: 69

POSITION: 150-154

LINE REFERENCE NO: 17k(1).

NAME: **Current FSS Account Balance**

DESCRIPTION: The current FSS account balance as of the date of action

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole number. If 17b equals 'E' or is blank, put zero

EDITS:

Warning: • FSS Escrow Account Balance is usually less than \$25,000

Fatal: • If 17b equals 'P' or 'X', must be greater than or equal to zero

FIELD NUMBER: 70

POSITION: 155-159

LINE REFERENCE NO: 17k(2).

NAME: Current FSS Amount Disbursed to the Family

DESCRIPTION: The current FSS amount disbursed to the family

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole number. If 17b equals 'E' or is blank, put zero

EDITS:

Warning: • If 17b equals 'P' or 'X', amount is usually less than 25000

Fatal: • If 17b equals 'P' or 'X', must be greater than or equal to zero

FIELD NUMBER: 71

POSITION: 160-164

LINE REFERENCE NO: 17k(3).

NAME: Completed Contract Participation Indicator

DESCRIPTION: Indicates if the family exited the FSS program because of contract completion

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • If 17b equals 'X', must equal 'Y' or 'N'

Fatal: • If 17b equals 'P' or 'E' or is blank, must be blank

FIELD NUMBER: 72

POSITION: 165

LINE REFERENCE NO: 17m(1).

NAME: Left Because Family Moving to Homeownership
Indicator

DESCRIPTION: Indicates if the family exited the FSS program and moving to homeownership

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

Fatal: • If 17m(1) equals 'Y', must equal 'Y' or 'N'

Fatal: • If 17m(1) equals 'N', must equal 'N'

FIELD NUMBER: 73

POSITION: 166

LINE REFERENCE NO: 17m(2).

NAME: Reason for Exiting FSS

DESCRIPTION: Indicates the reason for the family's exit from the FSS program

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'A' for Left voluntarily, 'B' for Asked to leave program, 'C' for Portability move out, 'D' for Left because essential service was unavailable, or 'E' for Contract expired but family did not fulfill obligation.

EDITS:

Fatal: • If 17m(1) equals 'N', must be 'A', 'B', 'C', 'D' or 'E'

Fatal: • If 17m(1) equals 'Y' or is blank, must be blank

FIELD NUMBER: 74

POSITION: 167

LINE REFERENCE NO: 17m(3).

NAME: **Date Welfare to Work Voucher Issued**

DESCRIPTION: Date voucher issued

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

- Fatal: • If 17e equals 'E', must be valued MMDDYYYY format
- Fatal: • If 17e equals 'P' or 'X' or is blank, must be blank
- Fatal: • If valued, must be earlier than or equal to 2b

FIELD NUMBER: 75

POSITION: 168-175

LINE REFERENCE NO: 17n(1).

NAME: **Date for Request for Lease Approval (RFLA) for a Unit Leased**

DESCRIPTION: Date of RFLA for unit leased

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

- Fatal: • If 17e equals 'E', must be valued MMDDYYYY format
- Fatal: • If 17e equals 'P' or 'X' or is blank, must be blank
- Fatal: • If valued, must be later than or equal to 17n(1)
- Fatal: • If valued, must be earlier than or equal to 2b

FIELD NUMBER: 76

POSITION: 176-183

LINE REFERENCE NO: 17n(2).

NAME: Family Moving to Homeownership Indicator**DESCRIPTION:** Indicates if family is moving to Homeownership**TYPE:** Alpha**SIZE:** 1**COMMENTS:** Use 'Y' for yes; 'N' for no.**EDITS:**

Fatal: • If 17e equals 'X', must equal 'Y' or 'N'

Fatal: • If 17e equals 'P' or 'E' or is blank, must equal 'N'

FIELD NUMBER: 86**POSITION:** 193**LINE REFERENCE NO:** 17q (1).**NAME: Primary Reason for Leaving WtW Program****DESCRIPTION:** Indicates the primary reason for the family leaving WtW program**TYPE:** Alpha**SIZE:** 1**COMMENTS:** Use 'A' for Portability move-out, 'B' for Family no longer needs subsidy, 'C' for Subsidy terminated for Section 8 program violation, other than WtW obligations, 'D' for Subsidy terminated for violation of WtW obligations, 'E' for Family voluntarily withdrew from Section 8 program, or 'F' for Other**EDITS:**

Fatal: • If 17e equals 'X', must equal 'A', 'B', 'C', 'D', 'E' or 'F'

Fatal: • If 17e equals 'P' or 'E' or is blank, must be blank

FIELD NUMBER: 87**POSITION:** 194**LINE REFERENCE NO:** 17q (2).

Transmission Footer**NAME: Record Identifier**

DESCRIPTION: A number to identify the end of the file containing PIC data

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Set to 'MND58'.

EDITS:

Fatal: • Must be set to 'MND58'

FIELD NUMBER: 1

POSITION: 1-5

LINE REFERENCE NO: n/a

NAME: Record Number

DESCRIPTION: A number to identify the record in the file

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 6-11

LINE REFERENCE NO: n/a

NAME: Number of Forms in Submission

DESCRIPTION: The number of 50058 forms included in the submission

TYPE: Numeric

SIZE: 6

COMMENTS: Must contain the number of 50058 forms sent to HUD.

EDITS: None

FIELD NUMBER: 3

POSITION: 12-17

LINE REFERENCE NO: n/a

Chapter 3. Form HUD-50058 Transmission File Layout

Transmission Header

| Field Number | Form Line # | Field Name | Start Position | Field Length |
|--------------|-------------|-----------------------------|----------------|--------------|
| 1 | n/a | Record Identifier | 1 | 5 |
| 2 | n/a | Record Number | 6 | 6 |
| 3 | n/a | Owner/PHA Mailbox ID | 12 | 10 |
| 4 | n/a | Service/Return ID | 22 | 10 |
| 5 | n/a | Transmission Date | 32 | 8 |
| 6 | n/a | Transmission Time | 40 | 6 |
| 7 | n/a | Software Vendor ID | 46 | 5 |
| 8 | n/a | Vendor Software | 51 | 10 |
| 9 | n/a | HUD-50058 Form Version Date | 61 | 8 |
| 10 | n/a | Vendor Defined Data | 69 | 10 |

B-Basic Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|--------------------------|--------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Record Identifier | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | n/a | n/a | Date Last Modified | 8 | 8 |
| 4 | 1b | 1b | PHA Code | 16 | 5 |
| 5 | 1c | 1c | Program | 21 | 2 |
| 6 | 1d(1) | 1d(1) | Project Number (Public Housing only) | 23 | 8 |
| 7 | 1d(2) | 1d(2) | Suffix | 31 | 3 |
| 8 | 1e | 1e | Building number (Public Housing only) | 34 | 6 |
| 9 | 1f | 1f | Building Entrance Number (Public Housing only) | 40 | 3 |
| 10 | 1g | 1g | Unit number (Public Housing only) | 43 | 10 |
| 11 | 2a | 2a | Type of Action | 53 | 2 |
| 12 | 2b | 2b | Effective date of action | 55 | 8 |
| 13 | 2c | 2c | Correction? (Y or N) | 63 | 1 |
| 14 | 2d | 2d | Primary reason for correction | 64 | 1 |
| 15 | 2e | N/A | Correction date | 65 | 8 |
| 16 | 2f | N/A | Repayment Agreement? (Y or N) | 73 | 1 |
| 17 | 2g | N/A | Monthly amount of repayment | 74 | 4 |
| 18 | 2h | 2h | Date of Admission to the Program | 78 | 8 |
| 19 | 2i | 2i | Projected Next Re-exam Date | 86 | 8 |
| 20 | 2j | 2j | Projected Date of Next Flat Rent Annual Update | 94 | 8 |
| 21 | 2k | 2k | FSS Participant now or in the last year Indicator | 102 | 1 |
| 22 | 2m | 2m | Special Program | 103 | 2 |
| 23 | 2n(1) | 2n(1) | Other special program 1 | 105 | 30 |
| 24 | 2n(2) | 2n(2) | Other special program 2 | 135 | 30 |
| 25 | 2n(3) | N/A | Other special program 3 | 165 | 30 |
| 26 | 2n(4) | N/A | Other special program 4 | 195 | 30 |
| 27 | 2n(5) | N/A | Other special program 5 | 225 | 30 |
| 28 | 2p | N/A | Use if instructed by HUD | 255 | 5 |
| 29 | 2q | 2q | PHA use only 1 | 260 | 15 |
| 30 | 2r | 2r | PHA use only 2 | 275 | 10 |
| 31 | 2s | 2s | PHA use only 3 | 285 | 10 |
| 32 | 2t | 2t | PHA use only 4 | 295 | 20 |
| 33 | 2u | 2u | PHA use only 5 | 315 | 30 |
| 34 | 3n | 3n | SSN of head of household | 345 | 9 |
| 35 | 3r | N/A | Reserved | 354 | 5 |
| 36 | 3t | 3t | Total Number in Household | 359 | 2 |
| 37 | 3u | 3u | Family Subsidy Status Under Noncitizen Rule | 361 | 1 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|--------------------------|--------------------------|---|----------------|--------------|
| 38 | 3v | 3v | Effective Date of Family Subsidy | 362 | 8 |
| 39 | 3w | 3w | Former Head of Household SSN | 370 | 9 |
| 40 | 4a | 4a | Date Entered Waiting List | 379 | 8 |
| 41 | 4b | 4b | Zip Code before admission | 387 | 5 |
| 42 | 4b | 4b | Zip Code +4 before admission | 392 | 4 |
| 43 | 4c | 4c | Homeless at Admission Indicator | 396 | 1 |
| 44 | 4d | 4d | Very Low Income Limit Exception Indicator | 397 | 1 |
| 45 | 4e | 4e | Continuously Assisted Indicator | 398 | 1 |
| 46 | 4f | 4f | Is There a HUD Approved Income Target Waiver Disregard | 399 | 1 |
| 47 | 5a | 5a | Unit Address | 400 | 100 |
| 48 | 5a | 5a | Unit Apartment Number | 500 | 10 |
| 49 | 5a | 5a | Unit City | 510 | 30 |
| 50 | 5a | 5a | Unit State | 540 | 2 |
| 51 | 5a | 5a | Unit Zip Code | 542 | 5 |
| 52 | 5a | 5a | Unit Zip Code Plus 4 | 547 | 4 |
| 53 | 5b | 5b | Mailing address same as unit address indicator | 551 | 1 |
| 54 | 5c | 5c | Family Mailing Address | 552 | 100 |
| 55 | 5c | 5c | Family Mailing Apartment Number | 652 | 10 |
| 56 | 5c | 5c | Family Mailing City | 662 | 30 |
| 57 | 5c | 5c | Family Mailing State | 692 | 2 |
| 58 | 5c | 5c | Family Mailing Zip Code | 694 | 5 |
| 59 | 5c | 5c | Family Mailing Zip Code Plus 4 | 699 | 4 |
| 60 | 5d | 5d | Number of Bedrooms in Unit | 703 | 1 |
| 61 | 5e | 5e | PHA Identified Unit As Accessible Indicator | 704 | 1 |
| 62 | 5f | 5f | Family Requested Accessibility Features Indicator | 705 | 1 |
| 63 | 5g | 5g | Has the Family Received Requested Accessibility Features | 706 | 1 |
| 64 | 5j | 5j | Year (yyyy) unit was built (Section 8 only) | 707 | 4 |
| 65 | 5k | 5k | Structure Type | 711 | 1 |
| 66 | 6f | 6f | Total Cash Value of Assets | 712 | 7 |
| 67 | 6g | 6g | Total Anticipated Income | 719 | 6 |
| 68 | 6h | 6h | Passbook Rate | 725 | 4 |
| 69 | 6i | 6i | Imputed Asset Income | 729 | 6 |
| 70 | 6j | 6j | Final Asset Income | 735 | 6 |
| 72 | 7i | 7i | Total Annual Income | 745 | 6 |
| 73 | 8e | 8e | Total Permissive Deductions | 751 | 5 |
| 74 | 8f | 8f | Medical/Disability Threshold | 756 | 5 |
| 75 | 8g | 8g | Total Unreimbursed Disability Assistance Expense | 761 | 5 |
| 76 | 8h | 8h | Maximum Disability Allowance | 766 | 5 |
| 77 | 8i | 8i | Earnings in 7d made possible by disability assistance expense | 771 | 5 |
| 78 | 8j | 8j | Allowable Disability Assistance Expense | 776 | 5 |
| 79 | 8k | 8k | Total Out of Pocket Medical Expense | 781 | 6 |
| 80 | 8m | 8m | Total disability assistance and medical expenses | 787 | 5 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|--------------------------|--------------------------|---|----------------|--------------|
| 81 | 8n | 8n | Medical/Disability Assistance Allowance | 792 | 5 |
| 82 | 8p | 8p | Elderly/Disability Allowance | 797 | 4 |
| 83 | 8q | 8q | Number of Dependents | 801 | 2 |
| 84 | 8r | 8r | Allowance per Dependent | 803 | 3 |
| 85 | 8s | 8s | Dependent Allowance | 806 | 5 |
| 86 | 8t | 8t | Yearly Child Care Cost that is not reimbursed | 811 | 5 |
| 87 | 8u | N/A | Travel Cost to Work/School | 816 | 4 |
| 88 | 8v | N/A | Reserved | 820 | 4 |
| 89 | 8w | N/A | Reserved | 824 | 4 |
| 90 | 8x | 8x | Total Allowances | 828 | 6 |
| 91 | 8y | 8y | Adjusted Annual Income | 834 | 6 |
| 92 | 9a | 9a | Total Monthly Income | 840 | 6 |
| 93 | 9b | N/A | Reserved | 846 | 4 |
| 94 | 9c | 9c | TTP if based on annual income | 850 | 6 |
| 95 | 9d | 9d | Adjusted Monthly Income | 856 | 6 |
| 96 | 9e | 9e | Percent of Monthly adjusted income | 862 | 4 |
| 97 | 9f | 9f | TTP If Based on Adjusted Annual Income | 866 | 5 |
| 98 | 9g | 9g | Welfare Rent per Month | 871 | 5 |
| 99 | 9h | 9h | Minimum rent | 876 | 3 |
| 100 | 9i | 9i | Enhanced Voucher TTP | 879 | 5 |
| 101 | 9j | 9j | TTP | 884 | 5 |
| 102 | 9k | 9k | Most Recent TTP | 889 | 5 |
| 103 | 9m | 9m | Qualify for minimum rent hardship indicator | 894 | 1 |

T- Family Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 3a | 3a | Member Number | 8 | 2 |
| 4 | 3b | 3b | Member Last Name | 10 | 30 |
| 5 | 3c | 3c | Member First Name | 40 | 30 |
| 6 | 3d | 3d | Member Middle Initial | 70 | 1 |
| 7 | 3e | 3e | Member Birth Date | 71 | 8 |
| 8 | 3g | 3g | Member Sex Code | 79 | 1 |
| 9 | 3h | 3h | Member Relation Code | 80 | 1 |
| 10 | 3i | 3i | Member Citizenship Code | 81 | 2 |
| 11 | 3j | 3j | Member Disability Indicator | 83 | 1 |
| 12 | 3k(1) | 3k(1) | Member Race Code White Indicator | 84 | 1 |
| 13 | 3k(2) | 3k(2) | Member Race Code Black/African American Indicator | 85 | 1 |
| 14 | 3k(3) | 3k(3) | Member Race Code American Indian/Alaska Native Indicator | 86 | 1 |
| 15 | 3k(4) | 3k(4) | Member Race Code Asian Indicator | 87 | 1 |
| 16 | 3k(5) | 3k(5) | Member Race Code Native Hawaiian/other Pacific Islander Indicator | 88 | 1 |
| 17 | 3m | 3m | Member Ethnicity Code | 89 | 1 |
| 18 | 3n | 3n | Member SSN | 90 | 9 |
| 19 | 3q | 3q | Meeting Community Service or Self-Sufficiency Requirement (Public Housing only) | 99 | 1 |
| 20 | 3p | 3p | Alien Registration Number | 100 | 10 |

I- Income Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|-------------------|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 7a. | 7a | Member Number | 8 | 2 |
| 4 | 7b. | 7b | Income Code | 10 | 2 |
| 5 | 7d. | 7d | Dollars Per Year | 12 | 6 |
| 6 | 7e | 7e | Income exclusions | 18 | 6 |

P- Public Housing Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 10b | 10b | Flat Rent | 8 | 5 |
| 4 | 10c | 10c | Income Based Ceiling Rent, if any | 13 | 5 |
| 5 | 10d | 10d | Lower of TTP or income based ceiling rent | 18 | 5 |
| 6 | 10e | 10e | Utility Allowance | 23 | 4 |
| 7 | 10f | 10f | Tenant Rent | 27 | 6 |
| 8 | 10g | N/A | Reserved | 33 | 5 |
| 9 | 10h | 10h | Public Housing Maximum Rent | 38 | 6 |
| 10 | 10i | 10i | Family Maximum Subsidy | 44 | 6 |
| 11 | 10j | 10j | Total Number Eligible | 50 | 2 |
| 12 | 10k | 10k | Total Number in Family | 52 | 2 |
| 13 | 10m | N/A | Reserved | 54 | 2 |
| 14 | 10n | 10n | Eligible Subsidy | 56 | 6 |
| 15 | 10p | 10p | Mixed Family Total Tenant Payment | 62 | 5 |
| 16 | 10q | N/A | Reserved | 67 | 5 |
| 17 | 10r | 10r | Utility Allowance | 72 | 4 |
| 18 | 10s | 10s | Mixed Family Tenant Rent | 76 | 6 |
| 19 | 10t | N/A | Reserved | 82 | 5 |
| 20 | 10u | 10u | Type of Rent | 87 | 1 |
| 21 | 10v | N/A | Reserved | 88 | 5 |

C- Section 8 Certificate

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|--|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 5h | 5h | Date Unit Last Passed HQS Inspection | 8 | 8 |
| 4 | 5i | 5i | Date Last Annual HQS Inspection | 16 | 8 |
| 5 | 11a | N/A | Number of Bedrooms on Certificate | 24 | 1 |
| 6 | 11b | 11b | Is family now moving to this unit? (Y or N) | 25 | 1 |
| 7 | 11c | N/A | Reserved | 26 | 1 |
| 8 | 11d | 11d | Portability Indicator | 27 | 1 |
| 9 | 11e | 11e | Cost Billed per Month | 28 | 5 |
| 10 | 11f | 11f | PHA Code Billed | 33 | 5 |
| 11 | 11g(1) | N/A | Project Based Certificate Program Unit Indicator | 38 | 1 |
| 12 | 11g(2) | 11g(2) | Group Home Indicator | 39 | 1 |
| 13 | 11g(3) | 11g(3) | SRO Indicator | 40 | 1 |
| 14 | 11h | 11h | Owner Name | 41 | 35 |
| 15 | 11i | 11i | Owner TIN/SSN | 76 | 9 |
| 16 | 11j | N/A | Reserved | 85 | 5 |
| 17 | 11k | 11k | Contract Rent to Owner | 90 | 5 |
| 18 | 11m | 11m | Utility Allowance | 95 | 4 |
| 19 | 11n | 11n | Gross Rent of Unit | 99 | 5 |
| 20 | 11p | N/A | Reserved | 104 | 5 |
| 21 | 11r | 11r | Total HAP | 109 | 6 |
| 22 | 11s | 11s | Tenant Rent | 115 | 6 |
| 23 | 11t | 11t | HAP to Owner | 121 | 5 |
| 24 | 11aa | 11aa | Prorated Normal Total HAP | 126 | 6 |
| 25 | 11ab | N/A | Reserved | 132 | 5 |
| 26 | 11ac | N/A | Reserved | 137 | 5 |
| 27 | 11ad | N/A | Reserved | 142 | 5 |
| 28 | 11ae | 11ae | Total Number Eligible | 147 | 2 |
| 29 | 11af | 11af | Total Number in Family | 149 | 2 |
| 30 | 11ag | 11ag | Proration Percentage | 151 | 2 |
| 31 | 11ah | 11ah | Prorated Total HAP | 153 | 5 |
| 32 | 11ai | 11ai | Mixed Family TTP | 158 | 5 |
| 33 | 11ak | 11ak | Mixed Family Tenant Rent | 163 | 5 |
| 34 | 11am | N/A | Reserved | 168 | 5 |
| 35 | 11an | 11an | Prorated HAP to Owner | 173 | 5 |

V- Section 8 Voucher Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 5h | 5h | Date Unit Last Passed HQS Inspection | 8 | 8 |
| 4 | 5i | 5i | Date Last Annual HQS Inspection | 16 | 8 |
| 5 | 12a | 12a | Number of Bedrooms on Voucher | 24 | 1 |
| 6 | 12b | 12b | Family Moving into Unit Indicator | 25 | 1 |
| 7 | 12c | 12c | Does the Family qualify as Hard to House? | 26 | 1 |
| 8 | 12d | 12d | Portability Indicator | 27 | 1 |
| 9 | 12e | 12e | Cost Billed per Month | 28 | 4 |
| 10 | 12f | 12f | PHA code Billed | 32 | 5 |
| 11 | 12g(1) | 12g(1) | Group Home Indicator | 37 | 1 |
| 12 | 12g(2) | 12g(2) | Own Manufactured home, space rent | 38 | 1 |
| 13 | 12g(3) | 12g(3) | SRO Indicator | 39 | 1 |
| 14 | 12h | 12h | Owner Name | 40 | 35 |
| 15 | 12i | 12i | Owner TIN/SSN | 75 | 9 |
| 16 | 12j | 12j | Voucher Payment Standard | 84 | 4 |
| 17 | 12k | 12k | Rent to Owner | 88 | 4 |
| 18 | 12m | 12m | Utility Allowance | 92 | 4 |
| 19 | 12n | N/A | Reserved | 96 | 4 |
| 20 | 12p | 12p | Gross Rent of Unit | 100 | 4 |
| 21 | 12q | 12q | Lower of 12j or 12p | 104 | 4 |
| 22 | 12s | 12s | Total HAP | 108 | 4 |
| 23 | 12t | 12t | Total Family share | 112 | 4 |
| 24 | 12u | 12u | HAP to Owner Lower of 12k or 12s | 116 | 4 |
| 25 | 12v | 12v | Tenant Rent to Owner | 120 | 4 |
| 26 | 12w | 12w | Utility Reimbursement to Family | 124 | 4 |
| 27 | 12aa | N/A | Reserved | 128 | 5 |
| 28 | 12ab | 12ab | Normal Total HAP | 133 | 4 |
| 29 | 12ac | 12ac | Total Number Eligible | 137 | 2 |
| 30 | 12ad | 12ad | Total Number in Family | 139 | 2 |
| 31 | 12ae | 12ae | Proration Percentage | 141 | 2 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|--|----------------|--------------|
| 32 | 12af | 12af | Prorated Total HAP | 143 | 4 |
| 33 | 12ag | 12ag | Mixed Family Total Family Contribution | 147 | 4 |
| 34 | 12ai | 12ai | Mixed Family Tenant Rent | 151 | 5 |
| 35 | 12aj | 12aj | Prorated HAP to Owner | 156 | 4 |
| 36 | 12ak | N/A | Reserved | 160 | 5 |

R- Mod Rehab Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|--|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 5h | 5h | Date Unit Last Passed HQS Inspection | 8 | 8 |
| 4 | 5i | 5i | Date Last Annual HQS Inspection | 16 | 8 |
| 5 | 13a | 13a | HAP Contract Number | 24 | 14 |
| 6 | 13b | 13b | Mod Rehab SRO Program for Homeless Indicator | 38 | 1 |
| 7 | 13c | 13c | Mod Rehab SRO Unit Indicator | 39 | 1 |
| 8 | 13d | 13d | Owner Name | 40 | 35 |
| 9 | 13e | 13e | Owner TIN/SSN | 75 | 9 |
| 10 | 13f | 13f | Current Base Rent | 84 | 4 |
| 11 | 13g | 13g | Rehabilitation Debt Service | 88 | 4 |
| 12 | 13h | 13h | Contract Rent to Owner | 92 | 5 |
| 13 | 13i | 13i | Utility Allowance | 97 | 4 |
| 14 | 13k | 13k | Tenant Rent | 101 | 6 |
| 15 | 13m | 13m | HAP to Owner | 107 | 5 |
| 16 | 13n | N/A | Reserved | 112 | 5 |
| 17 | 13p | 13p | Gross Rent | 117 | 6 |
| 18 | 13q | 13q | Normal Total HAP | 123 | 5 |
| 19 | 13r | 13r | Total Number Eligible | 128 | 2 |
| 20 | 13s | 13s | Total Number in Family | 130 | 2 |
| 21 | 13t | 13t | Proration Percentage | 132 | 2 |
| 22 | 13u | 13u | Prorated Total HAP | 134 | 5 |
| 23 | 13v | 13v | Mixed Family TTP | 139 | 5 |
| 24 | 13x | 13x | Mixed Family Tenant Rent | 144 | 6 |
| 25 | 13y | N/A | Reserved | 150 | 5 |
| 26 | 13z | 13z | Prorated HAP to Owner | 155 | 5 |

H- Homeownership Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 15a | 15a | Is Family now moving to this home | 8 | 1 |
| 4 | 15b | 15b | Date (mm/dd/yyyy) of initial HQS Inspection | 9 | 8 |
| 5 | 15c | 15c | Portability | 17 | 1 |
| 6 | 15d | 15d | Cost billed per month | 18 | 4 |
| 7 | 15e | 15e | PHA Code Billed | 22 | 5 |
| 8 | 15f | 15f | Monthly Homeownership payment | 27 | 4 |
| 9 | 15g | 15g | Utility Allowance | 31 | 4 |
| 10 | 15h | 15h | Monthly Maintenance allowance | 35 | 4 |
| 11 | 15i | 15i | Monthly major repair/replacement allowance | 39 | 4 |
| 12 | 15j | 15j | Monthly Co-op./Condominium Assessment | 43 | 4 |
| 13 | 15k | 15k | Monthly principal and interest on debt for improvements, if any | 47 | 4 |
| 14 | 15m | 15m | Gross Homeownership expense | 51 | 4 |
| 15 | 15n | 15n | Payment standard for family | 55 | 4 |
| 16 | 15p | 15p | Lower of 15m and 15n | 59 | 4 |
| 17 | 15r | 15r | HAP | 63 | 4 |
| 18 | 15s | 15s | Total Family share | 67 | 4 |
| 19 | 15ab | 15ab | Total number eligible | 71 | 2 |
| 20 | 15ac | 15ac | Total number in family | 73 | 2 |
| 21 | 15ad | 15ad | Proration percentage | 75 | 2 |
| 22 | 15ae | 15ae | Prorated HAP | 77 | 4 |
| 23 | 15af | 15af | Mixed family total family share | 81 | 5 |
| 24 | 15ag | N/A | Reserved | 86 | 5 |
| 25 | 15ah | N/A | Reserved | 91 | 5 |

F- FSS/WtW Record

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 1 | n/a | n/a | Section Indicator | 1 | 1 |
| 2 | n/a | n/a | Record Number | 2 | 6 |
| 3 | 17a(1) | 17a(1) | Participate in Special Program - FSS | 8 | 1 |
| 4 | 17a(2) | 17a(2) | Participate in Special Program - WtW | 9 | 1 |
| 5 | 17b | 17b | FSS report category | 10 | 1 |
| 6 | 17c | 17c | FSS effective date (mm/dd/yyyy) of action | 11 | 8 |
| 7 | 17d | 17d | PHA code of PHA administering FSS contract | 19 | 5 |
| 8 | 17e | 17e | Welfare to work report category | 24 | 1 |
| 9 | 17f | 17f | Welfare to work effective date (mm/dd/yyyy) of action | 25 | 8 |
| 10 | 17g(1) | 17g(1) | PHA code of PHA issuing the WtW Voucher | 33 | 5 |
| 11 | 17g(2) | 17g(2) | PHA code of PHA counting the family as enrolled in its WtW voucher program (if different from 17g(1)) | 38 | 5 |
| 12 | 17h(1) | 17h(1) | Current employment status | 43 | 1 |
| 13 | 17h(2) | 17h(2) | Date (mm/dd/yyyy) current employment began | 44 | 8 |
| 14 | 17h(3)(a) | 17h(3)(a) | Benefits in the current employment - Health | 52 | 1 |
| 15 | 17h(3)(b) | 17h(3)(b) | Benefits in the current employment - Retirement account | 53 | 1 |
| 16 | 17h(3)(c) | 17h(3)(c) | Benefits in the current employment - Other | 54 | 1 |
| 17 | 17h(4) | 17h(4) | Years of School Completed by the Head of Household | 55 | 2 |
| 18 | 17h(5)(a) | 17h(5)(a) | Family Receiving TANF Income Assistance Indicator | 57 | 1 |
| 19 | 17h(5)(b) | 17h(5)(b) | Family Receiving General Assistance Indicator | 58 | 1 |
| 20 | 17h(5)(c) | 17h(5)(c) | Family currently Receiving food stamps Indicator | 59 | 1 |
| 21 | 17h(5)(d) | 17h(5)(d) | Family currently Receiving Medicaid/Children's Health Insurance Program Indicator | 60 | 1 |
| 22 | 17h(5)(e) | 17h(5)(e) | Family Receiving Earned Income Tax Credit Indicator | 61 | 1 |
| 23 | 17h(6) | 17h(6) | Number of Children Receiving Child Care Services | 62 | 1 |
| 24 | 17i(1)(a) | 17i(1)(a) | GED Needs Indicator(Y/N) | 63 | 1 |
| 25 | 17i(1)(b) | 17i(1)(b) | High School Needs Indicator (Y/N) | 64 | 1 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|--|----------------|--------------|
| 26 | 17i(1)(c) | 17i(1)(c) | Post-Secondary Needs Indicator(Y/N) | 65 | 1 |
| 27 | 17i(1)(d) | 17i(1)(d) | Vocational/Job Training Needs Indicator (Y/N) | 66 | 1 |
| 28 | 17i(1)(e) | 17i(1)(e) | Job Search/Job Placement Needs Indicator(Y/N) | 67 | 1 |
| 29 | 17i(1)(f) | 17i(1)(f) | Job Retention Needs Indicator | 68 | 1 |
| 30 | 17i(1)(g) | 17i(1)(g) | Transportation Needs Indicator (Y/N) | 69 | 1 |
| 31 | 17i(1)(h) | 17i(1)(h) | Health Services Needs Indicator (Y/N) | 70 | 1 |
| 32 | 17i(1)(i) | 17i(1)(i) | Alcohol and other Drug Abuse Prevention Needs Indicator | 71 | 1 |
| 33 | 17i(1)(j) | 17i(1)(j) | Mentoring Needs Indicator | 72 | 1 |
| 34 | 17i(1)(k) | 17i(1)(k) | Homeownership Counseling Needs Indicator | 73 | 1 |
| 35 | 17i(1)(l) | 17i(1)(l) | Individual Development Account Needs Indicator | 74 | 1 |
| 36 | 17i(1)(m) | 17i(1)(m) | Child Care Needs Indicator | 75 | 1 |
| 37 | 17i(1)(n) | 17i(1)(n) | No Needs Indicator | 76 | 1 |
| 38 | 17i(2)(a) | 17i(2)(a) | GED Needs Met Indicator (Y/N) | 77 | 1 |
| 39 | 17i(2)(b) | 17i(2)(b) | High School Needs Met Indicator(Y/N) | 78 | 1 |
| 40 | 17i(2)(c) | 17i(2)(c) | Post-Secondary Needs Met Indicator(Y/N) | 79 | 1 |
| 41 | 17i(2)(d) | 17i(2)(d) | Vocational/Job Training Needs Met Indicator(Y/N) | 80 | 1 |
| 42 | 17i(2)(e) | 17i(2)(e) | Job Search/Job Placement Needs Met Indicator(Y/N) | 81 | 1 |
| 43 | 17i(2)(f) | 17i(2)(f) | Job Retention Needs Met Indicator | 82 | 1 |
| 44 | 17i(2)(g) | 17i(2)(g) | Transportation Needs Met Indicator(Y/N) | 83 | 1 |
| 45 | 17i(2)(h) | 17i(2)(h) | Health Services Needs Met Indicator(Y/N) | 84 | 1 |
| 46 | 17i(2)(i) | 17i(2)(i) | Alcohol and Other Drug Abuse Prevention Services Needs Met | 85 | 1 |
| 47 | 17i(2)(j) | 17i(2)(j) | Mentoring Needs Met | 86 | 1 |
| 48 | 17i(2)(k) | 17i(2)(k) | Homeownership Counseling Needs Met Indicator | 87 | 1 |
| 49 | 17i(2)(l) | 17i(2)(l) | Individual Development Account Needs Met Indicator | 88 | 1 |
| 50 | 17i(2)(m) | 17i(2)(m) | Child Care Needs Met | 89 | 1 |
| 51 | 17i(3)(a) | 17i(3)(a) | GED Needs Service Provider | 90 | 3 |
| 52 | 17i(3)(b) | 17i(3)(b) | High School Needs Service Provider | 93 | 3 |
| 53 | 17i(3)(c) | 17i(3)(c) | Post Secondary Needs Service Provider | 96 | 3 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|---|----------------|--------------|
| 54 | 17i(3)(d) | 17i(3)(d) | Vocational/Job Training Needs Service Provider | 99 | 3 |
| 55 | 17i(3)(e) | 17i(3)(e) | Job Search/Job Placement Needs Service Provider | 102 | 3 |
| 56 | 17i(3)(f) | 17i(3)(f) | Job Retention Needs Service Provider | 105 | 3 |
| 57 | 17i(3)(g) | 17i(3)(g) | Transportation Needs Service Provider | 108 | 3 |
| 58 | 17i(3)(h) | 17i(3)(h) | Health Services Needs Service Provider | 111 | 3 |
| 59 | 17i(3)(i) | 17i(3)(i) | Alcohol and Other Drug Abuse Prevention Services Needs Service Provider | 114 | 3 |
| 60 | 17i(3)(j) | 17i(3)(j) | Mentoring Needs Service Provider | 117 | 3 |
| 61 | 17i(3)(k) | 17i(3)(k) | Homeownership Counseling Needs Service Provider | 120 | 3 |
| 62 | 17i(3)(l) | 17i(3)(l) | Individual Development Account Service Provider | 123 | 3 |
| 63 | 17i(3)(m) | 17i(3)(m) | Child Care Needs Service Provider | 126 | 3 |
| 64 | 17j(1) | 17j(1) | Initial Start Date of Contract of Participation | 129 | 6 |
| 65 | 17j(2) | 17j(2) | Initial End Date of Contract of Participation | 135 | 6 |
| 66 | 17j(3) | 17j(3) | Contract Extension Date | 141 | 6 |
| 67 | 17j(4) | 17j(4) | Number of Family Members with Individual Training and Services Plan | 147 | 2 |
| 68 | 17j(5) | 17j(5) | Selection Preference | 149 | 1 |
| 69 | 17k(1) | 17k(1) | Current FSS Account Monthly Credit | 150 | 5 |
| 70 | 17k(2) | 17k(2) | Current FSS Account Balance | 155 | 5 |
| 71 | 17k(3) | 17k(3) | Current FSS Amount Disbursed to the Family | 160 | 5 |
| 72 | 17m(1) | 17m(1) | Completed Contract Participation Indicator | 165 | 1 |
| 73 | 17m(2) | 17m(2) | Left Because Family Moving to Homeownership Indicator | 166 | 1 |
| 74 | 17m(3) | 17m(3) | Reason for Exiting FSS | 167 | 1 |
| 75 | 17n(1) | 17n(1) | Date WtW Voucher Issued | 168 | 8 |
| 76 | 17n(2) | 17n(2) | Request for a Unit Leased Approval Date | 176 | 8 |
| 77 | 17n(3)(a) | N/A | Help in Housing Search - TANF Agency Indicator | 184 | 1 |

| Field Number | Old Form Line # (6/2001) | New Form Line # (6/2004) | Field Name | Start Position | Field Length |
|--------------|-----------------------------|-----------------------------|--|----------------|--------------|
| 78 | 17n(3)(b) | N/A | Help in Housing Search - Other Indicator | 185 | 1 |
| 79 | 17p(1) | N/A | Reason for Assisted in Different Unit - Closer to Day Care Indicator | 186 | 1 |
| 80 | 17p(2) | N/A | Reason for Assisted in Different Unit - Transportation Indicator | 187 | 1 |
| 81 | 17p(3) | N/A | Reason for Assisted in Different Unit - Pre-Program Unit Would not meet HQS Indicator | 188 | 1 |
| 82 | 17p(4) | N/A | Reason for Assisted in Different Unit - Pre-Program Unit Rent Above Payment Standard, Tenant Rent too high Indicator | 189 | 1 |
| 83 | 17p(5) | N/A | Reason for Assisted in Different Unit - Owner of Pre-Program Unit Unwilling to Participate Indicator | 190 | 1 |
| 84 | 17p(6) | N/A | Reason for Assisted in Different Unit - Closer to Other Services Indicator | 191 | 1 |
| 85 | 17p(7) | N/A | Reason for Assisted in Different Unit - Employment Indicator | 192 | 1 |
| 86 | 17q(1) | 17q(1) | Is the Family Moving to Homeownership ? | 193 | 1 |
| 87 | 17q(2) | 17q(2) | Reason for leaving WtW Program | 194 | 1 |

Transmission Footer

| Field Number | Form Line # | Field Name | Start Position | Field Length |
|--------------|-------------|-------------------------------|----------------|--------------|
| 1 | n/a | Record Identifier | 1 | 5 |
| 2 | n/a | Record Number | 6 | 6 |
| 3 | n/a | Number of Forms in Submission | 12 | 6 |

Chapter 4. Form HUD-50058 Error Report Format

The Error Report page provides a list of all the errors that occur when Form HUD-50058 files are uploaded and processed. These errors can be viewed in any of the following seven different formats:

- **HTML Error Report:** Displays a representation of the entire error report. Errors are noted in red type.
- **HTML – Warning:** Displays warnings only. Errors are noted in red type.
- **HTML – Fatal:** Displays fatal errors only. Noted in red type, information in this screen shows the total number of errors in transmission, describes the type of error, and explains the cause of the error.
- **XML:** Presents an XML representation of the error report.
- **CSV:** Generates an Excel file of the error report.
- **TXT:** Downloads the error report into text.
- **Analysis:** Displays all fatal errors and notes the number of times they occur.

| Submission Error Report Format | |
|--------------------------------|---|
| HTML | HTML representation of the Entire Error report |
| HTML - WARNING | HTML representation of the Warnings only |
| HTML - FATAL | HTML representation of the Fatal Errors only |
| XML | XML representation of the Error report |
| CSV | Comma Separated Values -- can be viewed in MS-Excel |
| TXT | Text representation of the Error Report |
| ANALYSIS | Analysis Report on Error Messages |

The error report displays the following information for every form that has errors:

- Last Name
- First Name
- SSN
- Number of Errors
- Program Type
- Type of Action
- Effective Date
- PHA Use Only

In addition for Public Housing, the following information would always be displayed:

- Development Number
- Building Number
- Building Number Entrance
- Unit Number

Chapter 5. Form HUD-50058 Submission Instructions for Fatal Errors 5323 through 5327, 5331 and 5332

This chapter provides instructions about submitting Form HUD-50058 for the SSNs receiving the fatal error messages 5323 through 5327, 5331 and 5332.

When HUD receives a Form HUD 50058 containing an instance of an SSN or Alt ID for any household member that is apparently invalid or a duplicate in the system, the form is accepted and processed, and the household is *flagged* as requiring resolution of an *identity discrepancy*. While the *identity discrepancy flag* is in existence, PIC will only accept action 6 (“EOP”) or 15 (“VOID”) for that household.

If another Form HUD 50058 is submitted containing a subsequent instance of the same suspect SSN or Alt ID while the *identity discrepancy flag* is in existence, one of the following fatal errors will occur and the form will be rejected.

- FATAL: 5323 - Based on the Social Security Administration numbering scheme this SSN is invalid.

For the SSN receiving this error message in the submitted Form HUD-50058, perform one of the following options:

- If the submitted SSN is incorrect, replace the SSN online by using the “SSN to SSN” or “SSN to Alt ID” modification type on the “Replace ID” page of the “Tenant ID Management” sub-module. *This will remove the identity discrepancy flag.* Then, please resubmit Form HUD-50058 with the replaced SSN or AID.
- If the SSN is recently-issued and is correct, the user will need to wait until the system receives the monthly update of the latest “SSNs issued list” from SSA (Social Security Administration). *This will remove the identity discrepancy flag.* Once the system has been updated with new SSA data, the SSN will no longer appear in the Invalid SSN Report and then Form HUD-50058 can be resubmitted for the SSN.

- FATAL: 5324 - This SSN has been found to be Invalid upon verification with Social Security Administration.

For the SSN receiving this error message in the submitted Form HUD-50058, perform the following:

- Replace the SSN online by using the “SSN to SSN” or “SSN to Alt ID” modification type on the “Replace ID” page of the “Tenant ID Management” sub-module.). *This will remove the identity discrepancy flag.* Then, please resubmit Form HUD-50058 with the replaced SSN or AID.

- FATAL: 5325 - This SSN has been found to be deceased upon verification with Social Security Administration.

For the SSN receiving this error message in the submitted Form HUD-50058, perform the following:

- Submit Form HUD-50058 without the SSN. *This will remove the identity discrepancy flag.*

- FATAL: 5326 - This SSN has been found to have an incorrect last name upon verification with Social Security Administration.

For the SSN receiving this error message in the submitted Form HUD-50058, perform the following:

- Submit “Annual Re-examination” (action type 2) or “Interim Re-examination” (action type 3) Form HUD-50058 with field 2c (Correction?) set to ‘Yes’, field 2d (If Correction: check primary reason) is set to either ‘Family correction (non-income)’ or ‘PHA correction (non-income)’ and fields 3b (Last Name) and/or 3c (First name) for the SSN should be different than the one currently present in database. *This will remove the identity discrepancy flag.*

- FATAL: 5327 - This SSN has been found to have an incorrect date of birth upon verification with Social Security Administration.

For the SSN receiving this error message in the submitted Form HUD-50058, perform the following:

- Submit “Annual Re-examination” (action type 2) or “Interim Re-examination” (action type 3) Form HUD-50058 with field 2c (Correction?) set to ‘Yes’, field 2d (If Correction: check primary reason) is set to either ‘Family correction (non-income)’ or ‘PHA correction (non-income)’ and field 3e (Date of Birth) for the SSN should be different than the one currently present in database. *This will remove the identity discrepancy flag.*

- FATAL: 5331 - Last Name, First Name, Date of Birth or Sex for this AID does not match with the existing information in database.

For the AID receiving this error message in the submitted Form HUD-50058, perform the following:

- Verify the last name, first name, date of birth and sex for the AID in the submitted Form HUD-50058 against the existing information for this AID. Existing information for this AID can be obtained through the “AID Report” by navigating to the “Reports” business function of the “Tenant ID Management” sub-module. If the information in the submitted Form HUD-50058 is incorrect, then resubmit the Form HUD-50058 with the corrected last name, first name, date of birth or sex. *This will remove the identity discrepancy flag.* If the existing information for the AID needs to be updated, then update the last name, first name, date of birth or sex by using the “Other Data” modification type on the “Replace ID” page of the “Tenant ID Management” sub-module. Once the existing information has been updated, resubmit the Form HUD-50058 for the AID. *This will remove the identity discrepancy flag.*

- FATAL: 5332 – The SSN/AID in this household appears in other households.

For the SSN/AID receiving this error message in the submitted Form HUD-50058, perform one of the following options:

- If the SSN/AID is no longer a member of the submitted household, submit Form HUD-50058 without the SSN/AID. *This will remove the identity discrepancy flag.*
- If the SSN/AID is a member of the submitted household, please navigate to the “Duplicates” page of the “Tenant ID Management” sub-module to resolve the duplicates with other households for this SSN/AID. *This will remove the identity discrepancy flag.* Once the “duplicate issue” is resolved, resubmit the Form HUD-50058. Please refer to “Possible Dup Tenant Report” on the “Reports” page of the “Tenant ID Management” sub-module for the complete list of the SSNs/AIDs that are found to be duplicates.